

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002255

FILED
Jan 06, 2006
Secretary of State

Entity Name: NEXTEL OPERATIONS, INC.

Current Principal Place of Business:

2001 EDMUND HALLEY DR
RESTON, VA 20191 US

New Principal Place of Business:

Current Mailing Address:

2001 EDMUND HALLEY DR
ATTN: MS: A1-4
RESTON, VA 20191 US

New Mailing Address:

6500 SPRINT PARKWAY
MS: 5A826
OVERLAND PARK, KS 66251 US

FEI Number: 54-1887531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, ROBERT L PRES
Address: 2001 EDMUND HALLEY DR
City-St-Zip: RESTON, VA 20191

Title: SD () Delete
Name: HILL, CHRISTIE A SEC/DIR
Address: 2001 EDMUND HALLEY DR
City-St-Zip: RESTON, VA 20191

Title: VTAX () Delete
Name: JORDAN, HORACE E VP C TA
Address: 2001 EDMUND HALLEY DR
City-St-Zip: RESTON, VA 20191

Title: VPD () Delete
Name: KENNEDY, LEONARD J
Address: 2001 EDMUND HALLEY DR
City-St-Zip: RESTON, VA 20191

Title: VT () Delete
Name: LINDAHL, RICHARD S
Address: 2001 EDMUND HALLEY DR
City-St-Zip: RESTON, VA 20191

Title: VPD () Delete
Name: SALEH, PAUL
Address: 2001 EDMUND HALLEY DR
City-St-Zip: RESTON, VA 20191

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KELLY, TIMOTHY PRES
Address: 2001 EDMUND HALLEY DR
City-St-Zip: RESTON, VA 20191

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTAX (X) Change () Addition
Name: BESHEARS, MARK VP C TA
Address: 6500 SPRINT PARKWAY
City-St-Zip: OVERLAND PARK, KS 66251

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK BESHEARS

VTAX

01/06/2006

Electronic Signature of Signing Officer or Director

Date