

2020 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M15000007414

Entity Name: T-MOBILE LEASING LLC

Current Principal Place of Business:

12920 SE 38TH ST
BELLEVUE, WA 98006

Current Mailing Address:

JULIE NELSON, PARALEGAL
12920 SE 38TH ST
BELLEVUE, WA 98006 US

FEI Number: 47-5079638

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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

Authorized Person(s) Detail :

Title MGR, EVP, GENERAL COUNSEL AND SECRETARY
Name MILLER, DAVID A
Address 12920 SE 38TH ST
City-State-Zip: BELLEVUE WA 98006

Title MGR, PRESIDENT & TREASURER
Name OSVALDIK, PETER
Address 12920 SE 38TH ST
City-State-Zip: BELLEVUE WA 98006

Title ASST. SECRETARY
Name HODDER, BROADY
Address 12920 SE 38TH ST
City-State-Zip: BELLEVUE WA 98006

Title ASST. SECRETARY
Name MILLER, CHRISTOPHER M.
Address 12920 SE 38TH ST
City-State-Zip: BELLEVUE WA 98006

Title ASST. CONTROLLER
Name BAZZANO, DARA
Address 12920 SE 38TH ST
City-State-Zip: BELLEVUE WA 98006

Title ASST. TREASURER
Name THORSTEINSSON, JOHANNES
Address 12920 SE 38TH ST
City-State-Zip: BELLEVUE WA 98006

Title ASST. SECRETARY
Name CONROY, DAVID E.
Address 12920 SE 38TH ST
City-State-Zip: BELLEVUE WA 98006

Title ASST. SECRETARY
Name WILLIAMS, FREDERICK
Address 12920 SE 38TH ST
City-State-Zip: BELLEVUE WA 98006

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I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID E. CONROY

ASST. SECRETARY

08/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name KIRBY, JAMES
Address 12920 SE 38TH ST
City-State-Zip: BELLEVUE WA 98006

Title AUTHORIZED SIGNATORY
Name THACKER, DAVID
Address 12920 SE 38TH ST
City-State-Zip: BELLEVUE WA 98006

Title AUTHORIZED SIGNATORY
Name ROMANO, LINDSEY
Address 12920 SE 38TH ST
City-State-Zip: BELLEVUE WA 98006

Title VP
Name BEZZANT, DAVE
Address 12920 SE 38TH ST
City-State-Zip: BELLEVUE WA 98006

Title AUTHORIZED SIGNATORY
Name REINES, SUSAN
Address 12920 SE 38TH ST
City-State-Zip: BELLEVUE WA 98006

Title ASST. SECRETARY
Name TRUE-AWTRY, KATIE
Address 12920 SE 38TH ST
City-State-Zip: BELLEVUE WA 98006