


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

068639 AB

<b>DOCUMENT #</b> 831152	
<b>1. Entity Name</b> SPRINT NORTH SUPPLY COMPANY	

FILED  
04 MAR 31 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>Principal Place of Business</b> 600 NEW CENTURY PKWY NEW CENTURY KS 66031 US	<b>Mailing Address</b> 600 NEW CENTURY PKWY NEW CENTURY KS 66031 US
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 34-1019982		Applied For
		Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**8.** 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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b>	<b>VPS</b>	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<del>SCHULEY, PHILLIP H.</del>			<b>NAME</b>			
<b>STREET ADDRESS</b>	600 NEW CENTURY PKWY			<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	NEW CENTURY KS			<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	PLATT, DAVID F			<b>NAME</b>			
<b>STREET ADDRESS</b>	600 NEW CENTURY PKWY			<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	NEW CENTURY KS			<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>PD</b>	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<del>COLE, RANDY</del>			<b>NAME</b>	DENNIS HUBER		
<b>STREET ADDRESS</b>	600 NEW CENTURY PKWY			<b>STREET ADDRESS</b>	600 NEW CENTURY PARKWAY		
<b>CITY-ST-ZIP</b>	NEW CENTURY KS			<b>CITY-ST-ZIP</b>	NEW CENTURY, KS 66031		
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>			

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **DAVID F. PLATT** **#? 3/23/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)