2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B95000000372 1. Entity Name PCS NUCLEUS, LIMITED PARTNERSHIP Mailing Address

FILED 03 APR 30 AH 10: 33 SECRETARY OF STATE

TALLAHASSEE, FLORIDA Principal Place of Business 2999 OAK ROAD, 10TH FLOOR 2999 OAK ROAD, 10TH FLOOR WALNUT CREEK, CA 94596 WALNUT CREEK, CA -94596 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 City & State City & State Applied For 94-3219319 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 94597 Fee Required 94597 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301 City Zip Code 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 -Signature, typed or printed name of registered agent and tide if applicable. . . . 10. Amount of Capital Contributions 9. Capital Contributions MAKE CHECK PAYABLE TO FL DEPT OF STATE __. -0 -In FLORIDA to date. as Shown on record. \$250,000,000.00 SEE REVERSE SIDE FOR FEELINFORMATION A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. -NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 600017582046 DOCUMENT # F95000004930 CRZE003 (10/02) STREET ADDRESS 04/30/03--01072--006 **141.25 AIRTOUCH PCS HOLDING, INC. NAME STREET ADDRESS 2999 OAK ROAD, MS 1025 CITY-ST-ZIP 94597 WALNUT CREEK, CA 94596 CVTY -ST- ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 04/38/03 - 01072 - 006 CITY-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME. _ STREET ADDRESS CITY-ST-2P CITY -ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY -ST-ZIP City -ST-ZIP DOCUMENT # STREET ADDRESS NAME . . STREET ADDRESS CITY-ST-ZIP City-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Mee

SHO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 21, 2003

925-210-2943

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