

# 2001 UNIFORM BUSINESS REPORT (UBR)

0605380

DOCUMENT # F00000002099

1. Entity Name

VOICESTREAM PCS BTA I CORPORATION

FILED

01 JAN 30 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3650 131ST AVE., S.E., SUITE 200  
BELLEVUE WA 98006

Mailing Address

3650 131ST AVE., S.E., SUITE 200  
BELLEVUE WA 98006

2. Principal Place of Business

12920 SE 38th street

3. Mailing Address

12920 SE 38th street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bellevue, WA.

City & State

Bellevue, WA

Zip

98006

Country

Zip

98006

Country

4. FEI Number 91-1686827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE CD  
NAME STANTON, JOHN W  
STREET ADDRESS 3650 131ST AVE., S.E., SUITE 200  
CITY-ST-ZIP BELLEVUE WA 98006 ☐ Delete

TITLE D  
NAME GUTHRIE, DONALD  
STREET ADDRESS 3650 131ST AVE., S.E., SUITE 200  
CITY-ST-ZIP BELLEVUE WA 98006 ☐ Delete

TITLE P  
NAME STAPLETON, ROBERT R  
STREET ADDRESS 3650 131ST AVE., S.E., SUITE 200  
CITY-ST-ZIP BELLEVUE WA 98006 ☐ Delete

TITLE D  
NAME BAUMBAUGH, CREGG B  
STREET ADDRESS 3650 131ST AVE., S.E., SUITE 200  
CITY-ST-ZIP BELLEVUE WA 98006 ☐ Delete

TITLE D  
NAME BENDER, ALAN R  
STREET ADDRESS 3650 131ST AVE., S.E., SUITE 200  
CITY-ST-ZIP BELLEVUE WA 98006 ☐ Delete

TITLE V  
NAME DOTSON, ROBERT P  
STREET ADDRESS 3650 131ST AVE., S.E., SUITE 200  
CITY-ST-ZIP BELLEVUE WA 98006 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee A. Tostevin

Assistant Secretary 1/26/01 (425) 378-4000

Date

Daytime Phone #

CR2E034 (10/00)



2012

ACCOUNT NO. : 072100000032

REFERENCE : 982165 7156704

AUTHORIZATION : *Patricia Pignat*

COST LIMIT : \$ 150.00

ORDER DATE : January 29, 2001

ORDER TIME : 9:39 AM

ORDER NO. : 982165-015

CUSTOMER NO: 7156704

CUSTOMER: Ms. Cherie Scott  
Voicestream Wireless  
12920 Se 38th Street

Bellevue, WA 98006

ANNUAL REPORT FILING

NAME: VOICESTREAM PCS BTA I  
CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JEANINE REYNOLDS- Ext. 1133

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
JAN 30 AM 10:36  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA