

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90250 022 \*\*\*150.00

**DOCUMENT # F01000001154**

**1. Entity Name**  
**NEXTEL RETAIL STORES, INC.**

<b>Principal Place of Business</b> <b>C/O LINDA HOISINGTON, LEGAL DEPARTMENT</b> <b>2001 EDMUND HALLEY DRIVE</b> <b>RESTON VA 20191</b>	<b>Mailing Address</b> <b>C/O LINDA HOISINGTON, LEGAL DEPARTMENT</b> <b>2001 EDMUND HALLEY DRIVE</b> <b>RESTON VA 20191</b>
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**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **54-2021574**

Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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** \_\_\_\_\_ (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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P.</b> <input type="checkbox"/> Delete <b>DONAHUE, TIMOTHY M</b> <b>2001 EDMUND HALLEY DRIVE</b> <b>RESTON VA 20191</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> <input type="checkbox"/> Delete <b>HILL, CHRISTIE A</b> <b>2001 EDMUND HALLEY DRIVE</b> <b>RESTON VA 20191</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> <input checked="" type="checkbox"/> Delete <b>BRITTAIN, JOHN S JR.</b> <b>2001 EDMUND HALLEY DRIVE</b> <b>RESTON VA 20191</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <input type="checkbox"/> Delete <b>KELLY, THOMAS N JR.</b> <b>2001 EDMUND HALLEY DRIVE</b> <b>RESTON VA 20191</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <input type="checkbox"/> Delete <b>ADAMS, MARK</b> <b>2001 EDMUND HALLEY DRIVE</b> <b>RESTON VA 20191</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VD</b> <input type="checkbox"/> Delete <b>KENNEDY, LEONARD J</b> <b>2001 EDMUND HALLEY DRIVE</b> <b>RESTON VA 20191</b>

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ASSISTANT TREASURER</b> <b>RICHARD LINDAHL</b> <b>2001 EDMUND HALLEY DRIVE</b> <b>RESTON, VA 20191</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V - TAX</b> <b>BRIAN DAVIS</b> <b>2001 EDMUND HALLEY DRIVE</b> <b>RESTON, VA 20191</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** BRIAN DAVIS 4-11-02 (703) 433-4000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)