## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

## Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # F02000004082** 1. Entity Name 04-30-2007 90422 021 \*\*\*150 00 SPRINT SOLUTIONS, INC. Mailing Address Principal Place of Business 6500 SPRINT PARKWAY 6500 SPRINT PARKWAY HL-5ASTX OVERLAND PARK, KS 66251 OVERLAND PARK, KS 66251 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03192007 Applied For City & State 4 FEI Number City & State 47-0882463 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition S/D TITLE Delete TITLE HILL, CHRISTIE A NAME NAME STREET ADORESS STREET ADDRESS 2001 EDMUND HALLEY DRIVE CITY-ST-ZIP CITY-ST-7/P RESTON, VA 20191 Delete Change Addition TITLE TITLE ANGGLINO, MARK 2001 Edmund Halley Dr NAME KELLY, TIMOTHY NAME 6200 SPRINT PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Acoton, VA 20191 CITY-ST-ZIP OVERLAND PARK, KS 66251 TITLE Change ☐ Addition TITLE ☐ Delete LINDAHL, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 2001 EDMUND HALLEY DR CITY-ST-7IP CITY-ST-ZIP RESTON, VA 20191 Delete ☐ Change Addition TITLE BEGEMAN, GARY NAME NAME Kennedy, Leonard STREET ADDRESS STREET ADDRESS 2001 EDMUND HALLEY DR CITY-ST-ZIP RESTON, VA 20191 CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition TITLE NAME BESHEARS, MARK V STREET ADDRESS STREET ADDRESS 6500 SPRINT PARKWAY CITY-ST-7IP CITY-ST-ZIP OVERLAND PARK, KS 66251 Change | ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**FILED**