

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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0620935 AT

DOCUMENT # F02000005571



1. Entity Name  
NEXTEL DATA INVESTMENTS 1, INC.

FILED

03 MAR 17 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
C/O LINDA HOISINGTON - LEGAL DEPT.  
2001 EDMUND HALLEY DR.  
RESTON VA 20191

Mailing Address  
C/O LINDA HOISINGTON - LEGAL DEPT.  
2001 EDMUND HALLEY DR.  
RESTON VA 20191

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 54-1966791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

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

**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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME DONAHUE, TIMOTHY M  
STREET ADDRESS 2001 EDMUND HALLEY DR.  
CITY-ST-ZIP RESTON VA 20191

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600014241466  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME HILL, CHRISTIE A  
STREET ADDRESS 2001 EDMUND HALLEY DR.  
CITY-ST-ZIP RESTON VA 20191

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

TITLE T ☐ Delete  
NAME LINDAHL, RICHARD S  
STREET ADDRESS 2001 EDMUND HALLEY DR.  
CITY-ST-ZIP RESTON VA 20191

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

TITLE VP ☐ Delete  
NAME SALEH, PAUL N  
STREET ADDRESS 2001 EDMUND HALLEY DR.  
CITY-ST-ZIP RESTON VA 20191

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

TITLE VP ☐ Delete  
NAME KENNEDY, LEONARD J  
STREET ADDRESS 2001 EDMUND HALLEY DR.  
CITY-ST-ZIP RESTON VA 20191

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

TITLE VP ☐ Delete  
NAME WILLMOTH, JOHN  
STREET ADDRESS 2001 EDMUND HALLEY DR.  
CITY-ST-ZIP RESTON VA 20191

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Christie A. Hill* Secretary 3/12/03 702-433-4216  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

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ACCOUNT NO. : 072100000032

REFERENCE : 968923 7113206

AUTHORIZATION :

*Patricia Pizeto*

COST LIMIT : \$ 150.00

ORDER DATE : March 14, 2003

ORDER TIME : 10:22 AM

ORDER NO. : 968923-015

CUSTOMER NO: 7113206

CUSTOMER: Linda Hoisington, Legal Asst  
Nextel Communications, Inc.  
2001 Edmund Halley Drive

Reston, VA 20191

ANNUAL REPORT FILING

RECEIVED  
03 MAR 17 PM 12:13  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

NAME: NEXTEL DATA INVESTMENTS 1,  
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - Ext. 1149

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