

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F04000002594

1. Entity Name

WESTERN WIRELESS INTERNATIONAL ENTERPRISES,
INC.



Principal Place of Business

3650 131ST AVENUE SE, SUITE 400
BELLEVUE, WA 98006

Mailing Address

3650 131ST AVENUE SE, SUITE 400
BELLEVUE, WA 98006

FILED
05 MAY 12 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005



05022005 No Chg-P CR2E034 (10/03)

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4. FEI Number

47-0888641

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

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD
NAME STANTON, JOHN W
STREET ADDRESS 3650 131ST AVENUE SE, SUITE 400
CITY-ST-ZIP BELLEVUE, WA 98006

TITLE P
NAME THOMSEN, MIKAL J
STREET ADDRESS 3650 131ST AVENUE SE, SUITE 400
CITY-ST-ZIP BELLEVUE, WA 98006

TITLE COO
NAME HERTZ, ERIC
STREET ADDRESS 3650 131ST AVENUE SE, SUITE 400
CITY-ST-ZIP BELLEVUE, WA 98006

TITLE D
NAME GUTHRIE, DONALD
STREET ADDRESS 3650 131ST AVENUE SE, SUITE 400
CITY-ST-ZIP BELLEVUE, WA 98006

TITLE D
NAME GILLESPIE, THERESA E
STREET ADDRESS 3650 131ST AVENUE SE, SUITE 400
CITY-ST-ZIP BELLEVUE, WA 98006

TITLE VCFO
NAME WISEHART, M. WAYNE
STREET ADDRESS 3650 131ST AVENUE SE, SUITE 400
CITY-ST-ZIP BELLEVUE, WA 98006

800055211018
05/25/05--01003--008 ***600.00

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12. 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 10 or Block 11 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

5/2/05 (425) 586-8700
Date Daytime Phone #