## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000002594

Entity Name: WESTERN WIRELESS INTERNATIONAL ENTERPRISES, INC.

FILED Feb 09, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
3650 131ST AVENUE SE, SUITE 400 BELLEVUE, WA 98006				ONE ALLIED DRIVE LITTLE ROCK, AR 72202		
Current Mailing Address:				New Mailing Address:		
3650 131ST AVENUE SE, SUITE 400 BELLEVUE, WA 98006				ONE ALLIED DRIVE ATTN: DAVE CAMERON LITTLE ROCK, AR 72202		
FEI Number: 47-0888641 FEI Number Applied For ( )		FEI Nun	Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US  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: Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	STANTON, JOHN	NUE SE, SUITE 400		Title: Name: Address: City-St-Zip:	DIR (X) C FRANTZ, FRANCI ONE ALLIED DRIV LITTLE ROCK, AR	/E
Title: Name: Address: City-St-Zip:	THOMSEN, MIKA	NUE SE, SUITE 400		Title: Name: Address: City-St-Zip:	P (X) C FORD, SCOTT T ONE ALLIED DRIV LITTLE ROCK, AR	
Title: Name: Address: City-St-Zip:	HERTZ, ERIC	Delete NUE SE, SUITE 400 98006		Title: Name: Address: City-St-Zip:	SEC (X) C FRANTZ, FRANCI ONE ALLIED DRIV LITTLE ROCK, AR	/E
Title: Name: Address: City-St-Zip:	D () C GUTHRIE, DONAI 3650 131ST AVE BELLEVUE, WA	LD NUE SE, SUITE 400		Title: Name: Address: City-St-Zip:	TREA (X) C EBNER, JOHN ONE ALLIED DRIV LITTLE ROCK, AR	
Title: Name: Address: City-St-Zip:	GILLESPIE, THE	NUE SE, SUITE 400		Title: Name: Address: City-St-Zip:	()C	hange()Addition
Title: Name: Address: City-St-Zip:	WISEHART, M. W	NUE SE, SUITE 400		Title: Name: Address: City-St-Zip:	( ) C	hange()Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN EBNER TREA 02/09/2006