FEEDOCOON 4938

3424-18 Old St. Augustine Road Tallahassoe, Florida 32311 Phone & Fax (904) 671-1741 000001608630 -10/12/95--01004--014 Office*******70.00

				d	Omce Ose Only ****** (1).				
	CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):								
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7	NonProfit	Resigna	tion of R.A., Officer/I	Director					
	Limited Liability	Change	of Registered Agent		208 A				
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	Other	Merger			5 m				
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	Annual Report	ZQU	NHI (CAY) (ONE						
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Examiner's Initials

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HN TELECOM (U	.S.) INC.	ATEDIA CO	NAME OF THE OWNER OWNER OF THE OWNER O						
abbreviations of like im person or partnership i	must include the word "INCORPOI port in language as will clearly indi f not so contained in the name at pre	cate that it is a sent.)	SMPANY", "CORPOR corporation instead of	ATION" or words or fanatural					
2. WASHINGTON		3	91-1478295						
(State or country under the	e law of which it is incorporated)		(FEI number, i	applicable)					
4. APRIL 4, 1990 (Date of Incorp	ocation)	5	PERPETUAL						
•	~ suou)	(Duration	Year corp. will cease	to exist or "perpetual")					
6. <u>UPON QUALIFICA</u>	TION								
(Date ilist gansacte	d business in Florida. (SEE SECTION	s 607.1501, 6	07.1502, AND 817.155	,F.S.)					
7	HN TELECOM (U.S.) INC.								
7522 NORTH 40TH STREET, SUITE F TAMPA, FL 33604									
	(Current mailing address)								
8. PROGRAM MANAGEMENT SERVICES FOR THE WIRELESS COMMUNICATIONS INDUSTRY.									
(Purpose(s) of corporation Florida)	n authorized in home state or countr	y to be carried	out in the state of	≥°Ω					
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop HOKING)									
acceptable)	dress of Piorida registered	agent: (P.	O. Box or Mail D	rop Bek NOT					
• ,				12 12 SSE SSE					
Name: W. C	. LOVINS, JR.								
06 411 7500	NODTH ACTU AND ALL			MHII: 00 OF STATE E.FLORIDA					
Office Address:	NORTH 40TH STREET, SUI	TE F		STATE ORDER					
TAMP	Δ		22504	DA DA					
		, Flori	ida , 33604						
10. Registered agent's	acceptance:		(Zip Code)						
Having been named as r	registered agent and to accept designated in this application	ot service of	f process for the al	hove stated					
corporation at the place registered agent and ag	designated in this application	n, I hereby	accept the appoin	iment as					
all statutes relative to the and accept the obligation	cuesignatea in this application ree to act in this capacity. I jeeproper and complete perfo ans of my position as register	ruriner agri rmance of i ed avent.	re to comply with t my duties, and I an	he provisions of n familiar with					
_									
	Willia Cotal of								
•	(Registered agent	- ,							
 Attached is a certific delivery of this applic official having custod incorporated. 	ate of existence duly authent ation to the Department of S ly of corporate records in the	icated, not tate, by the jurisdiction	more than 90 days Secretary of State n under the law of	prior to or other which it is					

incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Chairman: PETER HOSTINSKY C/O 10900 N.E. 8TH STREET, SUITE #900, BELLEVUE, WA 98004 Address: ____ Address: ___ Director: _ ___ DAVID REDICK Address: C/O 10900 N.F. 8TH STREET, SHITE #900, BELLEVUE, WA 98004 Director: ___ BRUCE W. GRANHOLM Address: C/O 10900 N.E. 8TH STREET, SUITE #900, BELLEVUE, WA 98004 B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: _____PETER_HOSTINSKY Address: _____ C/O 10900 N.E. 8TH STREET, SUITE #900, BELLEVUE, WA 98004 Vice President: BRUCE W. GRANHOLM C/O 10900 N.E. 8TH STREET, SUITE #900, BELLEVUE, WA 98004 Address: Secretary: ___ DAVID REDICK Address: C/O 10900 N.E. 8TH STREET, SUITE #900, BELLEVUE, WA 98004 Treasurer: PETER HOSTINSKY Address: C/O 10900 N.E. 8TH STREET, SUITE #900, BELLEVUE, WA 98004 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. _ (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) DAVID REDICK, SECRETARY (Typed or printed name and capacity of person signing application)



95 OCT 2 SECRETARY TALLAHASS

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STATE of WASHINGTON SECRETARY of ST

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

HN TELECOM (U.S.) INC.

I, RALPH MUNRO, Secretary of State of the State of Washington, hereby certify that I am the custodian of the corporation records of this state.

I FURTHER CERTIFY that the records on file in this office show that the above - nan:ed profit corporation was incorporated under the laws of the State of Washington and was issued a certificate of incorporation

in Washington on April 4, 1990.

I FURTHER CERTIFY that as of the date of this certificate no Articles of Dissolution or Certificate of Withdrawal have been filed, that the conditions of the Revised Code of Washington, Title 23B.01.280(2) (a) through (d) have been met, and the corporation is duly authorized to transact business in the corporate form in the State of Washington.

Date: October 2, 1995 Given under my hand and the seal of the State of Washington, at Olympia, the State Capitol.

Raigh Munio Secretary of State

K. Ryan