

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000001299 (3)**

1. Corporation Name

WINSTAR WIRELESS, INC.

Principal Place of Business

**7799 LEESBURG PIKE
TYSONS CORNER VA 22042**

Mailing Address

**7799 LEESBURG PIKE
TYSONS CORNER VA 22042**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/13/1997	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 13-3758650	Applied For <input type="checkbox"/> Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	28 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HIO CORPORATE SERVICES INC
526 EAST PARK AVENUE SUITE 200
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	HIO Corporate Services, Inc
82 Street Address (P.O. Box Number is Not Acceptable)	526 East Park Avenue
83	Suite 200
84 City	Tallahassee
85 Zip Code	FL 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROUHANA, WILLIAM J JR	1.2 NAME	Robert K McGuire
STREET ADDRESS	230 PARK AVENUE, 31ST FLOOR	1.3 STREET ADDRESS	7799 Leesburg Pike #4015
CITY-ST-ZIP	NEW YORK NY 10169	1.4 CITY-ST-ZIP	Falls Church, VA 22043
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, TIMOTHY R	2.2 NAME	Timothy R Graham
STREET ADDRESS	230 PARK AVENUE, 31ST FLOOR	2.3 STREET ADDRESS	230 Park Ave #2700
CITY-ST-ZIP	NEW YORK NY 10169	2.4 CITY-ST-ZIP	NY, NY 10169
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRUST, STEVEN G	3.2 NAME	Steven Mc Zemon
STREET ADDRESS	230 PARK AVENUE, 31ST FLOOR	3.3 STREET ADDRESS	1577 Springhill Rd - 6th Floor
CITY-ST-ZIP	NEW YORK NY 10169	3.4 CITY-ST-ZIP	Vienna, VA 22182
TITLE	DV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VON STANGE, FREDRIC E	4.2 NAME	Joseph P Dwyer
STREET ADDRESS	230 PARK AVENUE, 31ST FLOOR	4.3 STREET ADDRESS	230 Park Ave #2700
CITY-ST-ZIP	NEW YORK NY 10169	4.4 CITY-ST-ZIP	Vienna, VA 22182
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ACKERMAN, DAVID	5.2 NAME	Kenneth Zinghini
STREET ADDRESS	230 PARK AVENUE, 31ST FLOOR	5.3 STREET ADDRESS	230 Park Ave #2700
CITY-ST-ZIP	NEW YORK NY 10169	5.4 CITY-ST-ZIP	NY, NY 10169
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE, LEO I	6.2 NAME	Richard M Schorr
STREET ADDRESS	230 PARK AVENUE, 31ST FLOOR	6.3 STREET ADDRESS	7799 Leesburg Pike #4015
CITY-ST-ZIP	NEW YORK NY 10169	6.4 CITY-ST-ZIP	Falls Church, VA 22043

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **6/5/98**

CR2E034 (10/97)