

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001299

1. Entity Name

WINSTAR WIRELESS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90975 016 ***150.00

Principal Place of Business

Mailing Address

7799 LEESBURG PIKE
TYSONS CORNER VA 22042

1577 SPRINGHILL RD
6TH FLOOR
VIENNA VA 22182-2223
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3758650

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIQ CORPORATE SERVICES INC
526 EAST PARK AVENUE
SUITE 200
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VT	<input type="checkbox"/> Delete
NAME	RUBIN, FREDERIC E	
STREET ADDRESS	230 PARK AVE, #2700	
CITY-ST-ZIP	NEW YORK NY 10169	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GRAHAM, TIMOTHY R	
STREET ADDRESS	230 PARK AVE #2700	
CITY-ST-ZIP	NEW YORK NY 10169	
TITLE	AVAS	<input type="checkbox"/> Delete
NAME	MCZERNON, STEVEN	
STREET ADDRESS	1577 SPRINGHILL RD - 6TH FLOOR	
CITY-ST-ZIP	VIENNA VA 22182	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DWYER, JOSEPH P	
STREET ADDRESS	230 PARK AVE., #2700	
CITY-ST-ZIP	VIENNA VA 22182	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ZINGHINI, KENNETH	
STREET ADDRESS	230 PARK AVE., #2700	
CITY-ST-ZIP	NEW YORK NY 10169	
TITLE	VAT	<input type="checkbox"/> Delete
NAME	SCHORR, RICHARD M	
STREET ADDRESS	7799 LEESBURG PIKE #4015	
CITY-ST-ZIP	FALLS CHURCH PA 22043	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 *703/645-6025*
Date Daytime Phone #

CR2E034 (9/99)