

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90498 012 \*\*\*150.00

**DOCUMENT # F97000001299**

1. Entity Name

**WINSTAR WIRELESS, INC.**

Principal Place of Business

**7799 LEESBURG PIKE  
 TYSONS CORNER VA 22042**

Mailing Address

**1577 SPRINGHILL RD  
 6TH FLOOR  
 VIENNA VA 22182  
 US**

**00024589**



DO NOT WRITE IN THIS SPACE

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, 2001 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VT  
 RUBIN, FREDERIC E  
 230 PARK AVE, #2700  
 NEW YORK NY 10169** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 GRAHAM, TIMOTHY R  
 230 PARK AVE #2700  
 NEW YORK NY 10169** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**685 THIRD AVENUE, 12<sup>TH</sup> FLOOR  
 NEW YORK, NY 10017** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**AVAS  
 MCZERNON, STEVEN  
 1577 SPRINGHILL RD - 6TH FLOOR  
 VIENNA VA 22182** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**685 THIRD AVENUE, 12<sup>TH</sup> FLOOR  
 NEW YORK, NY 10017** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DV  
 DWYER, JOSEPH P  
 230 PARK AVE., #2700  
 VIENNA VA 22182** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 UHL, RICHARD  
 685 THIRD AVENUE, 12<sup>TH</sup> FLOOR  
 NEW YORK, NY 10017** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VS  
 ZINGHINI, KENNETH  
 230 PARK AVE., #2700  
 NEW YORK NY 10169** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**685 THIRD AVENUE, 12<sup>TH</sup> FLOOR  
 NEW YORK, NY 10017** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VAT  
 SCHORR, RICHARD M  
 7799 LEESBURG PIKE #4015  
 FALLS CHURCH PA 22043** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Steven McLernon* **Steven McLernon**

**3/7/01**

**703-645-5093**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)