

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2003 8:00 am
Secretary of State

06-03-2003 90038 050 ***558.75

DOCUMENT # F97000003222
1. Entity Name
Illuminet International Wireless Services



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3740 Davinci Court		3. Mailing Address 3740 Davinci Court	
Suite, Apt. #, etc. Third Floor		Suite, Apt. #, etc. Third Floor	
City & State Norcross, GA		City & State Norcross, GA	
Zip 30092	Country USA	Zip 30092	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2329099		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name CT Corporation System	
	Street Address (P.O. Box Number is Not Acceptable) 660 East Jefferson Street	
	City Tallahassee	FL Zip Code 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when running) DATE _____

January 1 - May 1: Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/President STRATTON SCLAVOS 487 EAST MIDDLEFIELD ROAD MOUNTAIN VIEW CA 94043	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFD DANA EVAN 487 EAST MIDDLEFIELD ROAD MOUNTAIN VIEW CA 94043	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JAMES M. ULAM 487 EAST MIDDLEFIELD ROAD MOUNTAIN VIEW CA 94043	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M. ULAM *James M. Ulam* Date: May 23, 2003 Daytime Phone #: 904-961-7500

CR2E034B (12/02)