

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002255

1. Entity Name

NEXTEL OPERATIONS, INC.

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90074 029 ***150.00

Principal Place of Business

Mailing Address

1505 FARM CREDIT DR.
MCLEAN VA 22102

1505 FARM CREDIT DR.
MCLEAN VA 20191-3436

911922

2. Principal Place of Business

3. Mailing Address

2001 EDMUND HALLEY DR. 2001 EDMUND HALLEY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

RESTON, VA

RESTON, VA

4. FEI Number

54-1887531

Applied For

Not Applied

Zip

Country

Zip

Country

20191

USA

20191

USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SIDMAN, TOM	
STREET ADDRESS	1505 FARM CREDIT DR.	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEGEMAN, GARY	
STREET ADDRESS	1505 FARM CREDIT DR.	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, DEANNE	
STREET ADDRESS	1505 FARM CREDIT DR.	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ZULAGER, RIED	
STREET ADDRESS	1505 FARM CREDIT DR.	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	PD	<input type="checkbox"/> Delete
NAME	O'BRIEN, MORGAN	
STREET ADDRESS	1505 FARM CREDIT DR.	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	SHINDLER, STEVEN	
STREET ADDRESS	1505 FARM CREDIT DR.	
CITY-ST-ZIP	MCLEAN VA 22102	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDMAN, TOM	
STREET ADDRESS	2001 EDMUND HALLEY DR.	
CITY-ST-ZIP	RESTON, VA 20191	
TITLE	VP & TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN BRITTON	
STREET ADDRESS	2001 EDMUND HALLEY DR.	
CITY-ST-ZIP	RESTON, VA 20191	
TITLE	VP - TAX	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN DAVIS	
STREET ADDRESS	2001 EDMUND HALLEY DR.	
CITY-ST-ZIP	RESTON, VA 20191	
TITLE	SECRETARY & DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIE HILL	
STREET ADDRESS	2001 EDMUND HALLEY DR.	
CITY-ST-ZIP	RESTON, VA 20191	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2001 EDMUND HALLEY DR.	
CITY-ST-ZIP	RESTON, VA 20191	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2001 EDMUND HALLEY DR.	
CITY-ST-ZIP	RESTON, VA 20191	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BRIAN DAVIS 1/24/00 703-433-4006

Date

Daytime Phone #