

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 8:00 am**
Secretary of State

04-18-2001 90045 013 ***150.00

DOCUMENT # F99000001258

1. Entity Name

NEXTEL PARTNERS OPERATING CORP.

Principal Place of Business

**4500 CARILLON POINT
KIRKLAND WA 98033**

Mailing Address

**4500 CARILLON POINT
KIRKLAND WA 98033**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **91-1930916**

Applied For

Not Applicable

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

**NRAI SERVICES, INC.
526 E. PARK AVE
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 State10. 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
**CP
CHAPPLE, JOHN
4500 CARILLON POINT
KIRKLAND WA 98033** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
CHAPPLE, JOHN
4500 CARILLON POINT
KIRKLAND, WA 98033** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DONAHUE, TIMOTHY
1505 FARM CREDIT RD
MCLEAN VA 22102** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DONAHUE, TIMOTHY
2001 EDMUND HALLEY DRIVE
RESTON, VA 20191** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RUSH, ANDREW
277 PARK AVE
NEW YORK NY 10172** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SINWELL, ANDREW
3 FIRST NATIONAL PLAZA, SUITE 3800
CHICAGO IL 60602** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(see attached) ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
AAS, DAVID
4500 CARILLON POINT
KIRKLAND WA 98033** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MANNING, DONALD
4500 CARILLON POINT
KIRKLAND WA 98033** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
MANNING, DON
4500 Carillon Point
Kirkland WA 98033** ☒ 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:

Denise J. Swerland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*Denise J. Swerland*
Asst. Secretary4/7/2001
Date425-576-3664
Daytime Phone #

CR2E034 (10/00)