

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90012 050 ***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 - No P.O. Box #

6500 Sprint Pkwy
Suite, Apt. #, etc.

3. Mailing Address

6500 Sprint Pkwy
Suite, Apt. #, etc.
HL-5A STX

40042401



03192007 Chg-P CR2E034 (12/06)

City & State

Overland Park, KS

Zip
66251

Country
USA

City & State

Overland Park, KS

Zip
66251

Country
USA

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PCCD** ☒ Delete
NAME **CHAPPLE, JOHN**
STREET ADDRESS **4500 CARILLON POINT**
CITY-ST-ZIP **KIRKLAND, WA 98033**

TITLE **D** ☒ Delete
NAME **DONAHUE, TIMOTHY**
STREET ADDRESS **2001 EDMUND HALLEY DR**
CITY-ST-ZIP **RESTON, VA 20191**

TITLE **VCTO** ☒ Delete
NAME **AAS, DAVID**
STREET ADDRESS **4500 CARILLON POINT**
CITY-ST-ZIP **KIRKLAND, WA 98033**

TITLE **VSGC** ☒ Delete
NAME **MANNING, DON**
STREET ADDRESS **4500 CARILLON POINT**
CITY-ST-ZIP **KIRKLAND, WA 98033**

TITLE **D** ☒ Delete
NAME **PERRY, JIM**
STREET ADDRESS **3 FIRST NATIONAL PLAZA, SUITE 3800**
CITY-ST-ZIP **CHICAGO, IL 60602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **ANGELINO, MARK**
STREET ADDRESS **2001 Edmund Halley Dr**
CITY-ST-ZIP **Reston, VA 20191**

TITLE **VP** ☒ Change ☐ Addition
NAME **BESHEARS, MARK**
STREET ADDRESS **6500 Sprint Pkwy**
CITY-ST-ZIP **Overland Park, KS 66251**

TITLE **SEC / DIR** ☒ Change ☐ Addition
NAME **HILL, Christie A.**
STREET ADDRESS **2001 Edmund Halley Dr**
CITY-ST-ZIP **Reston, VA 20191**

TITLE **TREAS** ☒ Change ☐ Addition
NAME **Lindahl, Richard**
STREET ADDRESS **2001 Edmund Halley Dr**
CITY-ST-ZIP **Reston, VA 20191**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **Kennedy, Leonard**
STREET ADDRESS **2001 Edmund Halley Dr**
CITY-ST-ZIP **Reston, VA 20191**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **Wunsch, Charles**
STREET ADDRESS **2001 Edmund Halley Dr**
CITY-ST-ZIP **Reston, VA 20191**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Beshears

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/07

Date

913-315-5820

Daytime Phone #