

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003166

1. Entity Name

NEXTLINK LONG DISTANCE SERVICES, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90022 001 \*\*\*300.00

16272



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 500 108TH AVE. N.E. 500 108TH AVE. N.E.  
 SUITE 2200 SUITE 2200  
 BELLEVUE WA 98004 BELLEVUE WA 98004-5544

2. Principal Place of Business 3. Mailing Address  
 1505 FARM CREDIT DR. 1505 FARM CREDIT DR.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 MCLEAN, VA MCLEAN, VA

Zip Country Zip Country  
 22102 U.S.A. 22102 U.S.A.

4. FEI Number 91-1957034 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.

SIGNATURE \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPCE<br>TRONS RUE, GEORGE M III<br>500 108TH AVE. N.E.<br>BELLEVUE WA 98004 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVS<br>EASTER, R. BRUCE JR.<br>500 108TH AVE. N.E.<br>BELLEVUE WA 98004     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVTC<br>ISKRA, KATHLEEN<br>500 108TH AVE. N.E.<br>BELLEVUE WA 98004         | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>DANIELS, CHARLES P<br>500 108TH AVE. N.E.<br>BELLEVUE WA 98004        | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>LOICHLE, JAN<br>500 108TH AVE. N.E.<br>BELLEVUE WA 98004              | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVP<br>SALEMME, R. GERARD<br>500 108TH AVE. N.E.<br>BELLEVUE WA 98004       | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

SEE ATTACHED

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: RICHARD A. MONTFORT 5/3/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

16272

F9900000 3166

**NEXTLINK Long Distance Services, Inc.**

NEXTLINK Long Distance Services, Inc. was formed as a Washington for profit corporation on February 26, 1999.

**UBI No.: 601-935-809**

**Federal EIN: 91-1957034**

**Slate of Officer/Directors:**

|                    |   |
|--------------------|---|
| Gary Begeman       | Director                                  |
| Dennis O'Connell   | President and CEO                         |
| R. Gerard Salemmme | Senior Vice President                     |
| Jan Loichle        | Vice President                            |
| Scott Macleod      | Vice President                            |
| Doug Carter        | Vice President                            |
| Steve Ednie        | Assistant Treasurer and Chief Tax Officer |
| Jay Hull           | Assistant Secretary                       |
| Rick Montfort      | Assistant Secretary                       |

Address : 1505 Farm Credit Dr. (6<sup>th</sup> Floor)  
McLean, VA 22102