

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004411

1. Entity Name

NEXTEL WIP LEASE CORP.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90025 039 ***150.00

Principal Place of Business

Mailing Address

4500 CARILLON POINT
KIRKLAND WA 98033

4500 CARILLON POINT
KIRKLAND WA 98033-7355

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEL Number

51-0386891

Applied For

Not Applicable

Zip

Country

Zip

Country

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 EAST PARK AVENUE
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CHAPPLE, JOHN
STREET ADDRESS 4500 CARILLON POINT
CITY-ST-ZIP KIRKLAND WA 98033

TITLE Vice President ☐ Change ☒ Addition
NAME Mark Fanning
STREET ADDRESS 4500 Carillon Point
CITY-ST-ZIP Kirkland, WA 98033

TITLE VT ☐ Delete
NAME THOMPSON, JOHN D
STREET ADDRESS 4500 CARILLON POINT
CITY-ST-ZIP KIRKLAND WA 98033

TITLE Vice President ☐ Change ☒ Addition
NAME Perry Satterlee
STREET ADDRESS 4500 Carillon Point
CITY-ST-ZIP Kirkland, WA 98033

TITLE VS ☐ Delete
NAME MANNING, DONALD J
STREET ADDRESS 4500 CARILLON POINT
CITY-ST-ZIP KIRKLAND WA 98033

TITLE Assistant Secretary ☐ Change ☒ Addition
NAME Gayle, Tony
STREET ADDRESS 4500 Carillon Point
CITY-ST-ZIP Kirkland, WA 98033

TITLE D ☐ Delete
NAME DONAHUE, TIMOTHY M
STREET ADDRESS 2000 EDMUND HALLEY DRIVE
CITY-ST-ZIP RESTON VA 20191

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME THALER, DAVID
STREET ADDRESS 10901 EAST BREN ROAD
CITY-ST-ZIP MINNETONKA MN 55343

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME AAS, DAVID
STREET ADDRESS 4500 CARILLON POINT
CITY-ST-ZIP KIRKLAND WA 98033

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

3/31/00 (425) 828-1713