2002 UNIFORM BUSINESS REPORT (UBR)

AWS National Accounts

Its Managing Member

SIGNATURE AND TYPED OF PRINTED HAS

Mar 05, 2002 8:00 am Secretary of State DOCUMENT # M0000000343 03-05-2002 90018 027 ****50.00 AWS NATIONAL ACCOUNTS, LLC Mailing Address Principal Place of Business 7277 164TH AVE. NE 7277 164TH AVE. NE REDMOND WA 98052 REDMOND WA 98052 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 91-2016656 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM ☐ Addition Change TITLE ☐ Delete TITLE AT&T WIRELESS SERVICES, INC. NAME NAME STREET ADDRESS 7277 164TH AVE. NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **REDMOND WA 98052** ☐ Change ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME * NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

reless Services, Inc.,

MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

425-580-6000

FILED