2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
05-20-2002 90279 001 ***400.00

DOCUMENT # M01000002313

1. Entity Name
CINGULAR WIRELESS EMPLOYEE SERVICES, LLC

Principal Place of Business	Mailing Address
5565 GLENRIDGE CONNECTOR ATLANTA GA 30342	5565 GLENRIDGE CONNECTOR ATLANTA GA 30342

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	5565 Glenridge Conn
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 1700
City & State	City & State Atlanta, GA
Zip / Country	Zip 30342 / Country

4. FEI Number — Applied For ☐ / Not Applicable ☑

5. Certificate of Status Desired ☐ $5.00 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE Member NAME Cingular Wireless LLC STREET ADDRESS 5565 Glenridge Connector CITY-ST-ZIP Atlanta, GA 30342	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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.

SIGNATURE: [signature] ELIZABETH A. MUSSELL 5/14/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #