

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000002512

1. Entity Name
CELLULAR ONE L.L.C.



Principal Place of Business
3650 131ST AVENUE SE, SUITE 400
BELLEVUE, WA 98006

Mailing Address
3650 131ST AVENUE SE, SUITE 400
BELLEVUE, WA 98006

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05022005

Chg-LLC

CR2E083 (10/03)

4. FEI Number
91-2134571

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME STANTON, JOHN W
STREET ADDRESS 3650 131ST AVENUE SE, SUITE 400
CITY-ST-ZIP BELLEVUE, WA 98006

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

TITLE MGR ☐ Delete
NAME THOMSEN, MIKAL J
STREET ADDRESS 3650 131ST AVENUE SE, SUITE 400
CITY-ST-ZIP BELLEVUE, WA 98006

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

TITLE MGR ☐ Delete
NAME GUTHRIE, DONALD
STREET ADDRESS 3650 131ST AVENUE SE, SUITE 400
CITY-ST-ZIP BELLEVUE, WA 98006

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

TITLE MGR ☐ Delete
NAME GILLESPIE, THERESA E
STREET ADDRESS 3650 131ST AVENUE SE, SUITE 400
CITY-ST-ZIP BELLEVUE, WA 98006

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

TITLE MGR ☐ Delete
NAME CHRISTIANSON, JEFFREY A
STREET ADDRESS 3650 131ST AVENUE SE, SUITE 400
CITY-ST-ZIP BELLEVUE, WA 98006

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

TITLE MGR ☒ Delete
NAME BURDETTE, H. STEPHEN
STREET ADDRESS 3650 131ST AVENUE SE, SUITE 400
CITY-ST-ZIP BELLEVUE, WA 98006

TITLE ☐ Change ☒ Addition
NAME Mgr
STREET ADDRESS m. Wayne Wischart
CITY-ST-ZIP 3650 131st Avenue SE, Suite 400
Bellevue, WA 98006

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/2/05

(425)586-8700

FILED
05 MAY 12 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
R. Roberts MAY 20 2005

