

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002058

Entity Name: WIRELESS ACQUISITION LLC

FILED
May 23, 2005
Secretary of State

Current Principal Place of Business:

11400 SE 6TH STREET, SUITE 100
BELLEVUE, WA 98004

New Principal Place of Business:

Current Mailing Address:

11400 SE 6TH STREET, SUITE 100
BELLEVUE, WA 98004

New Mailing Address:

FEI Number: 06-1552084 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: PERRY, WAYNE
Address: 11400 SE 6TH STREET, SUITE 100
City-St-Zip: BELLEVUE, WA 98004

Title: MGR () Delete
Name: ADAMS, DON
Address: 11400 SE 6TH STREET, SUITE 100
City-St-Zip: BELLEVUE, WA 98004

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ADAMS, DON
Address: 11400 SE 6TH STREET, SUITE 100
City-St-Zip: BELLEVUE, WA 98004

Title: MGR (X) Change () Addition
Name: POMEROY, DARLA
Address: 11400 SE 6TH STREET, SUITE 100
City-St-Zip: BELLEVUE, WA 98004

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DON ADAMS

MGR

05/23/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date