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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90165 049 ***150.00

DOCUMENT # P27756 1. Corporation Name

SPRINT/	UNITED MANAGEMENT COM	MPANY									
Principal Place	e of Business	Mailing Address				1111	188 1 11 8 1187 18 3 11 1881	ii diner diel die	il ele li esels e		ik bib ih 1881
•		903 E. 104TH STREET)						
2330 SHAWNEE MISSION PARKWAY WESTWOOD KS 66205		MAILSTOP: KSWESBO109			Į						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		KANSAS CITY MO 64131					DO NOT V	VRITE IN TI	IIS SPACE		
		US			ſ	3. Date Inco	rporated or Qualit	ed			
						<u>01/17/1</u>					
2. Princip.il P	Place of Business	2a. Mailing Address		···		4. FEI Num				-	lied For
21		26				48-107	7227				Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Ì	5. Certifcate	of Status Desired	ı 🗆			dditional
22		27 Mailstop: MOKCMWOGO9								e Re j	
City & Stat	le	City & State					Campaign Financi	ng ┌			/lay Be
23		28				Trust I-ur	d Contribution		Add	ded to	Fees
Zip	Country	Zip	Count	try		•	oration owes the	current year	_		7
24	25	[29]	30		l		Property Tax.	0-1-	∐ Yes	:	No
	9. Name and Address of Curren	: Registered Agent	- R	Nam		10. Name ar	d Address of Ne	w Register	ro Agent		
THE	PRENTICE-HALL CORPORATION	SYSTEM INC	١) Nam	ic						
	HAYS STREET	OTOTEM, IIIO.	8	2 Stree	et Addres	s (P.O. Bo) N	umber is Not Acc	eptable)			
	E 105			33							
	AHASSEE FL 32301		•	2							
174	SAIMOOLL IL SESSI		8	4 City					85	Zip C	ode
	to the provisions of Sections 607.0502							-		- 14	
office cr	registered agent, or both, in the State of	of Florida. Such change was	authorized b	ov the co	rporation's	s board of cline	ectors. I hereby a	cept the ap	cointment a	s reg	stered
agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505, F	lorida Statute	es.							
agent. I a SIGNATURE		ions of, Section 607.0505, F	horida Statute	es. 				DATE	_		
agent. I a SIGNATURE	um familiar with, and at cept the obligat Signature, typed or printed na ne of registered agen OFFICERS AN	tions of, Section 607.0505, F	Ti: Registered Ag	es. 		nen reinstating)	S/CHANGES TO			CTOF	
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agent. a SIGNATURE 12. TITLE	Signature, typed or printed na ne of registered agen OFFICERS AN	trans of, Section 607.0505, F t and title if applicable (NO D DIRECTORS	Ti: Registered Ag	es. gent signatui		nen reinstating)			AND DIRE		S IN 12
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6.4 CITY-ST-ZIP LEAWOOD KS 66209 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(\$)(i), Florida Statutes. I further ce tify that the information indicates on this annual report or suppliemental ar nual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I are an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 307. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes. In or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PR NTED NAME OF SIGNING OFFICER (IR DIRECTOR

CR2E034 (11/98)