

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 9:18

DOCUMENT # **849018** (7)
1. Corporation Name
ANDREW ANTENNAS (INC.)

Principal Place of Business Mailing Address
10500 W. 153RD STREET ORLAND PARK IL 60462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/04/1981** 3a. Date of Last Report **03/07/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	36-3529566	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	29 Country	30 Zip	30 Country
25	29	30	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, E.T.	1.2 NAME	
STREET ADDRESS	10500 W. 153RD STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLAND PARK IL	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETELLE, J. F.	2.2 NAME	
STREET ADDRESS	10500 2. 153RD STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLAND PARK IL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLISH, F.L.	3.2 NAME	
STREET ADDRESS	10500 W. 153RD STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLAND PARK IL	3.4 CITY - ST - ZIP	
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLAS, C. R.	4.2 NAME	
STREET ADDRESS	10500 W. 153RD STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLAND PARK IL	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GITTELMAN, M.J.	5.2 NAME	
STREET ADDRESS	10500 W. 153RD STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORLAND PARK IL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

M. J. Gittelman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. J. Gittelman

1/26/95

708-349-3300