FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **854204** **(5)**

1. Corporation Name

AMERICAN COMMUNICATIONS CONSULTANTS, INC.

Principal Place of Business	Mailing Address
555 D'ONOFRIO DR STE - 200 MADISON WI 53719 US	555 D'ONOFRIO DR STE - 200 MADISON WI 53719 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1982	3a. Date of Last Report: 05/20/1994
4. FEI Number: 62-0480213	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. The corporation has [illegible] Florida Statutes: XX Yes ☐ No	

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 25 / 29 / 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BATRA, VINOD K.	12 NAME	
STREET ADDRESS	P.O. BOX 5648 N/A	13 STREET ADDRESS	
CITY ST ZIP	MADISON WI	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LAURION, ROBERT M.	22 NAME	
STREET ADDRESS	301 S.WESTFIELD ST.	23 STREET ADDRESS	
CITY ST ZIP	MADISON WI	24 CITY ST ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	HORNACEK, RUDOLPH E.	32 NAME	
STREET ADDRESS	30 N LASALLE ST / STE - 4000	33 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	34 CITY ST ZIP	
TITLE	VP	41 TITLE	XX Change ☐ Addition
NAME	MCPHERSON, RONALD C.	42 NAME	
STREET ADDRESS	P.O. BOX 110929 NA	43 STREET ADDRESS	DELETE
CITY ST ZIP	NASHVILLE, TN. 37222	44 CITY ST ZIP	
TITLE	ST	51 TITLE	☐ Change ☐ Addition
NAME	BALDWIN, ALLAN C	52 NAME	
STREET ADDRESS	555 D'ONOFRIO DR / STE - 200	53 STREET ADDRESS	
CITY ST ZIP	MADISON WI	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 119.07(3)(i), 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1 or Block 11 if changed, or on an attachment with an address.

SIGNATURE: Allan C Baldwin — Allan C. Baldwin — 4/28/95 — 608-833-1440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0480280 FN