

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 08, 1999 8:00am**  
**Secretary of State**

02-08-1999 90044 015 \*\*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000000295**

1. Corporation Name  
**AERIAL COMMUNICATIONS, INC.**



Principal Place of Business: 8410 W. BRYN MAWR. STE. 1100 CHICAGO IL 60631  
 Mailing Address: 8410 W. BRYN MAWR. STE. 1100 CHICAGO IL 60631

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/21/1997**

4. FEI Number: **39-1706857** 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. This corporation owes the current year intangible Personal Property Tax.  Yes  No

2. Principal Place of Business: 21  
 Suite, Apt. #, etc.: 22  
 City & State: 23  
 Zip: 24 Country: 25

2a. Mailing Address: 26  
 Suite, Apt. #, etc.: 27  
 City & State: 28  
 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**THE UNITED STATES CORPORATION COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CEOP	<input type="checkbox"/> DELETE
NAME	WARKENTIN, DON	
STREET ADDRESS	257 LAWNDALE	
CITY-ST-ZIP	WILMETTE IL 60091	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HORN, MICHAEL G	
STREET ADDRESS	999 N. LAKE SHORE DR.	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SMITH, J. CLARKE	
STREET ADDRESS	1311 ESTATE LANE	
CITY-ST-ZIP	LAKE FOREST IL 60525	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LOWRY, DAVID	
STREET ADDRESS	15 W455 62ND ST.	
CITY-ST-ZIP	BURR RIDGE IL 60521	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DECARLO, WILLIAM S ESQ.	
STREET ADDRESS	135 S. FIRTH ROAD	
CITY-ST-ZIP	INVERNESS IL 60067	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DAILEY, B. SCOTT	
STREET ADDRESS	301 YORK DR.	
CITY-ST-ZIP	GRAYSLAKE IL 60030	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (1/1/98)