

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F97000000295**

1. Entity Name

**AERIAL COMMUNICATIONS, INC.**

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90084 001 \*\*\*300.00

Principal Place of Business 8410 W. BRYN MAWR. STE. 1100 CHICAGO IL 60631	Mailing Address 8410 W. BRYN MAWR. STE. 1100 CHICAGO IL 60631-3422
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>39-1706857</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>THE UNITED STATES CORPORATION COMPANY</b> 1201 HAYS STREET TALLAHASSEE FL 32301			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEOP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARKENTIN, DON		NAME		
STREET ADDRESS	257 LAWDALE		STREET ADDRESS		
CITY-ST-ZIP	WILMETTE IL 60091		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HRON, MICHAEL G		NAME		
STREET ADDRESS	999 N. LAKE SHORE DR.		STREET ADDRESS		
ST-ZIP	CHICAGO IL 60611		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, J. CLARKE		NAME		
STREET ADDRESS	1311 ESTATE LANE		STREET ADDRESS		
ST-ZIP	LAKE FOREST IL 60525		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWRY, DAVID		NAME		
STREET ADDRESS	15 W455 62ND ST.		STREET ADDRESS		
ST-ZIP	BURR RIDGE IL 60521		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECARLO, WILLIAM S ESQ.		NAME		
STREET ADDRESS	135 S. FIRTH ROAD		STREET ADDRESS		
ST-ZIP	INVERNESS IL 60067		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILEY, B. SCOTT		NAME		
STREET ADDRESS	301 YORK DR.		STREET ADDRESS		
ST-ZIP	GRAYSLAKE IL 60030		CITY-ST-ZIP		

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 contained on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #