2001 UNIFORM BUSINESS REPORT (UBR) FILED Jul 09, 2001 08:00 AM F00000002626 DOCUMENT# Entity Name **Secretary of State** RCC RADIO COMMUNICATIONS CORPORATION Principal Place of Business Mailing Address 381 N. YORK RD. STE 25 381 N. YORK RD. STE 25 ELMHURST IL ELMHURST IL 60126 60126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-2668072 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEON 4450 E. ADAMO DR., STE 501 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL33605 US 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. 07/09/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VS TITLE ☐ Delete TITLE ☐ Addition X Change SHIELDS MAME JOYCE R NAME SHIELDS JOYCE 381 N. YORK RD, STE 25 STREET ADDRESS STREET ADDRESS 381 N. YORK RD, STE 25 CITY-ST-ZIP ELMHIRST \mathbf{I} ELMHURST CITY-ST-ZIP PTD ☐ Delete TITLE X Change NAME SHIELDS ROBERT NAME SHIELDS ROBERT STREET ADDRESS 381 N. YORK RD, STE 25 STREET ADDRESS 381 N. YORK RD, STE 25 CITY-ST-ZIP ELMHURST \mathbf{I} CITY-ST-ZIP **ELMHURST** \mathbf{L} 60126 ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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.

CR2E034 (11/00)

SIGNATURE: ROBERT R. SHIELDS PRES 07/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #