

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Feb 12 1997 8:00am  
Secretary of State

DOCUMENT # F93000002840 (7)

1. Corporation Name  
CHERRY COMMUNICATIONS OF ILLINOIS INC.



Principal Place of Business  
2205 ENTERPRISE DR.  
SUITE 501  
WESTCHESTER IL 60154

Mailing Address  
2205 ENTERPRISE DR.  
SUITE 501  
WESTCHESTER IL 60154-5803

3. Date Incorporated or Qualified  
06/18/1993

3a. Date of Last Report  
06/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

4. FEI Number  
36-3682357

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HQ CORPORATE SERVICES, INC.  
526 E. PARK AVE  
SUITE 200  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, JAMES R	1.2 NAME	
STREET ADDRESS	2205 ENTERPRISE DRIVE, SUITE 501	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTCHESTER IL 60154	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIANGRECO, DAVID	2.2 NAME	
STREET ADDRESS	2205 ENTERPRISE DRIVE, SUITE 501	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTCHESTER IL 60154	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYER, MICHAEL	3.2 NAME	
STREET ADDRESS	2205 ENTERPRISE DRIVE, SUITE 501	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTCHESTER IL 60154	3.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDECHE, RICHARD A	4.2 NAME	
STREET ADDRESS	2205 ENTERPRISE DRIVE, SUITE 501	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTCHESTER IL 60154	4.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, GREGORY A	5.2 NAME	
STREET ADDRESS	2205 ENTERPRISE DRIVE, SUITE 501	5.3 STREET ADDRESS	
CITY-ST-ZIP	WESTCHESTER IL 60154	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAITENAS, JO ANN	6.2 NAME	
STREET ADDRESS	2205 ENTERPRISE DRIVE, SUITE 501	6.3 STREET ADDRESS	
CITY-ST-ZIP	WESTCHESTER IL 60154	6.4 CITY-ST-ZIP	

14. I do 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 included 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.

SIGNATURE: Gregory Brown  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/97 7089472879  
Date Daytime Phone #

CR2E034 (9/96)