FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000000631 (0)**

1. Corporation Name

CELLULAR WHOLESALERS, INC.

Principal Place of Business

5151 CHURCH ST.
SKOKIE IL 60077-1288

Mailing Address

5151 CHURCH ST.
SKOKIE IL 60077-1288

3. Date Incorporated or Qualified: 02/07/1995

3a. Date of Last Report:

4. FEI Number: 36-3519553 — 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

2. Principal Place of Business

21 3100 NorthWest
22 Suite, Apt. #, etc. 72ND AVenue Unit102
23 City & State MiAMI FLORIDA
24 Zip 33122 — 25 Country USA

2a. Mailing Address

26 5151 Church st
27 Suite, Apt. #, etc. SKOKIE
28 City & State IL 60077
29 Zip — 30 Country 6

9. Name and Address of Current Registered Agent

CT 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 Numbers Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 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: 3/14/96

12. OFFICERS AND DIRECTORS

TITLE	DV	☐ DELETE
NAME	LEAVITT, PHILIP	
STREET ADDRESS	5151 CHURCH ST.	
CITY-ST-ZIP	SKOKIE IL 60077-1288	
TITLE	DV	☐ DELETE
NAME	GEITNER, SHERWIN	
STREET ADDRESS	5151 CHURCH ST.	
CITY-ST-ZIP	SKOKIE IL 60077-1288	
TITLE	DP	☐ DELETE
NAME	GOLDBERG, RONALD	
STREET ADDRESS	5151 CHURCH ST.	
CITY-ST-ZIP	SKOKIE IL 60077-1288	
TITLE	ST	☐ DELETE
NAME	COHEN, MELVYN	
STREET ADDRESS	5151 CHURCH ST.	
CITY-ST-ZIP	SKOKIE IL 60077-1288	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied within this report is true and correct, that I am not applying for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct 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 added, or deleted with an address.

SIGNATURE: 3/14/96 (847)982 0220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)