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 # **F95000005599 (4)**

1. Corporation Name

USCC PAYROLL CORPORATION

Principal Place of Business	Mailing Address
C/O TELEPHONE & DATA SYSTEMS. INC. 8401 GREENWAY BLVD MIDDLETON WI 53562	C/O TELEPHONE & DATA SYSTEMS. INC. 8401 GREENWAY BLVD MIDDLETON WI 53562

2. Principal Place of Business	2a. Mailing Address
21	26 8410 W. BRYN MAWR AVE.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 700
City & State 23	City & State 28 CHICAGO, IL
Zip 24 / Country 25	Zip 29 60631 / Country 30 U.S.A.

3. Date Incorporated or Qualified: 11/15/1995
3a. Date of Last Report: N/A
4. FEI Number: 36-4046814 ☐ 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

CORPORATION SERVICE 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 (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature is required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, H D		1.2 NAME	
STREET ADDRESS	8410 W. BRYN MAWR AVE., STE 700		1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP	
TITLE	VT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MEYERS, KENNETH R		2.2 NAME	400001736714
STREET ADDRESS	8410 W. BRYN MAWR AVE., STE 700		2.3 STREET ADDRESS	-03/08/96--01019--005
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP	***200.00
TITLE	S	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	FITZELL, STEPHEN P		3.2 NAME	
STREET ADDRESS	8410 W. BRYN MAWR AVE., STE 700		3.3 STREET ADDRESS	ONE FIRST NATIONAL PLAZA
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP	CHICAGO, IL 60603
TITLE	D	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	CARLSON, LEROY T		4.2 NAME	
STREET ADDRESS	8401 GREENWAY BLVD		4.3 STREET ADDRESS	30 N. LASALLE ST. SUITE 4000
CITY-ST-ZIP	MIDDLETON WI		4.4 CITY-ST-ZIP	CHICAGO, IL 60602
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GOEHRING, RICHARD W		5.2 NAME	
STREET ADDRESS	8410 W. BRYN MAWR		5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	TOWERS, EDWARD W		6.2 NAME	
STREET ADDRESS	8410 W. BRYN MAWR		6.3 STREET ADDRESS	30 N. LASALLE ST. SUITE 4000
CITY-ST-ZIP	CHICAGO IL		6.4 CITY-ST-ZIP	CHICAGO, IL 60602

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: H. DONALD NELSON 1/29/96 (312)399-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SS 3-7-96