

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
Apr 22 1997 8:00am
Secretary of State

DOCUMENT # **F96000002330 (6)**

1. Corporation Name

AMERITECH COMMUNICATIONS INTERNATIONAL, INC.



Principal Place of Business

**9525 WEST BRYN MAWR, SUITE 600
ROSEMONT IL 60018**

Mailing Address

**9525 WEST BRYN MAWR, SUITE 600
ROSEMONT IL 60018**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/09/1996

3a. Date of Last Report

N/A

4. FEI Number

36-4092071

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

**C T 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 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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME **NOWICK, STEVEN P**
STREET ADDRESS **9525 WEST BRYN MAWR, SUITE 600**
CITY - ST - ZIP **ROSEMONT IL 60018**

TITLE VAS ☐ DELETE

NAME **GOCKLEY, JOHN**
STREET ADDRESS **9525 WEST BRYN MAWR, SUITE 600**
CITY - ST - ZIP **ROSEMONT IL 60018**

TITLE V ☐ DELETE

NAME **PRIMO, DIANE**
STREET ADDRESS **9525 WEST BRYN MAWR, SUITE 600**
CITY - ST - ZIP **ROSEMONT IL 60018**

TITLE V ☐ DELETE

NAME **KOHL, WILLIAM**
STREET ADDRESS **9525 WEST BRYN MAWR, SUITE 600**
CITY - ST - ZIP **ROSEMONT IL 60018**

TITLE V ☐ DELETE

NAME **POULOS, NANCIE**
STREET ADDRESS **9525 WEST BRYN MAWR, SUITE 600**
CITY - ST - ZIP **ROSEMONT IL 60018**

TITLE V ☒ DELETE

NAME **ROBBINS, DONA**
STREET ADDRESS **9525 WEST BRYN MAWR, SUITE 600**
CITY - ST - ZIP **ROSEMONT IL 60018**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☐ Change ☒ Addition

1.2 NAME **Massey, Donna H**
1.3 STREET ADDRESS **30 S. Wacker, Floor 39**
1.4 CITY - ST - ZIP **Chicago, IL 60606**

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME **Earley, Patrick J**
2.3 STREET ADDRESS **9525 West Bryn Mawr, Suite 600**
2.4 CITY - ST - ZIP **Rosemont, IL 60018**

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 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 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:

John C. Gockley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Gockley

(847)928-4396

Date

Daytime Phone #

0627747

CR2E034 (9/96)