


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90003 001 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000006626 ✓

1. Corporation Name

AERIAL OPERATING COMPANY, INC.

Principal Place of Business

**8410 WEST BRYN MAWR AVENUE, SUITE 1100
CHICAGO IL 60631**

Mailing Address

**8410 WEST BRYN MAWR AVENUE, SUITE 1100
CHICAGO IL 60631**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1998

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WARKENTIN, DON W	
STREET ADDRESS	8410 WEST BRYN MAWR AVENUE, SUITE 1100	
CITY-ST-ZIP	CHICAGO IL 60631	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	S	<input type="checkbox"/> DELETE
NAME	HIRON, MICHAEL J	
STREET ADDRESS	8410 WEST BRYN MAWR AVENUE, SUITE 1100	
CITY-ST-ZIP	CHICAGO IL 60631	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	TASD	<input type="checkbox"/> DELETE
NAME	SMITH, J. C	
STREET ADDRESS	8410 WEST BRYN MAWR AVENUE, SUITE 1100	
CITY-ST-ZIP	CHICAGO IL 60631	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	AS	<input type="checkbox"/> DELETE
NAME	DAILEY, B. S	
STREET ADDRESS	8410 WEST BRYN MAWR AVENUE, SUITE 1100	
CITY-ST-ZIP	CHICAGO IL 60631	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, J. C	
STREET ADDRESS	8410 WEST BRYN MAWR AVENUE, SUITE 1100	
CITY-ST-ZIP	CHICAGO IL 60631	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, and the attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

(773) 379-4200

CR2E034 (5/99)