2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 15, 2000 8:00 am Secretary of State DOCUMENT # F99000002848 CUMULUS WIRELESS SERVICES INC. 03-15-2000 90094 039 ***150.00 Principal Place of Business Mailing Address 111 EAST KILBOURN AVENUE SUITE 2700 111 EAST KILBOURN AVENUE SUITE 2700 MILWAUKEE WI 53202-6646 MILWAUKEE WI 53202 1100379±2 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 39-1955032 Not Applicable Zip Country \$8.75 Additional Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11 ECT ☐ Delete **X** Addition TITLE TITLE WEENING, RICHARD W NAME NAME 111 EAST KILBOURN AVENUE SUITE 2700 STREET ADDRESS STREET ADORESS MILWAUKEE WI 53202 CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete ☐ Change TITLE TITLE DICKEY, LEWIS W JR NAME NAME 3060 PEACHTREE ROAD NW, SUITE 730 STREET ADDRESS STREET ADDRESS CITY-ST-7IF ATLANTA GA 30305 CITY-ST-ZIP Change **Addition** TITLE BUNGEROTH, WILLIAM M NAME NAME 世2700 875 NORTH MICHIGAN AVENUE, SUITE #3650 STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60611 VCFO TITLE Change Delete BONICK, RICHARD J JR NAME NAME 875 NORTH MICHIGAN AVENUE SUITE #2700 STREET ADDRESS STREET ADDRESS MILWAUKEE WI 53202 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE BAUN, TERENCE NAME 111 EAST KILBOURN AVENUE SUITE 2700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILWAUKEE WI 53202

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and faccurate 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

City-ST-ZIP

SIGNATURE:

DICKEY, JOHN

ATLANTA GA 30305

3060 PEACHTREE ROAD NW. SUITE 730

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Detete

3/3/00 (44)615-2800

☐ Change

☐ Addition