

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002848

1. Entity Name

CUMULUS WIRELESS SERVICES INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90398 019 ***150.00

Principal Place of Business
111 EAST KILBOURN AVENUE SUITE 2700
MILWAUKEE WI 53202

Mailing Address
111 EAST KILBOURN AVENUE SUITE 2700
MILWAUKEE WI 53202

2. Principal Place of Business
3535 Piedmont Road
Suite, Apt. #, etc.
Bldg 14, 14th Floor
City & State
Atlanta, GA 30305

3. Mailing Address
3535 Piedmont Road
Suite, Apt. #, etc.
Bldg 14, 14th Floor
City & State
Atlanta, GA 30305



DO NOT WRITE IN THIS SPACE

4. FEI Number **39-1955032** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip Country Zip Country
USA USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ECT WEENING, RICHARD W 111 EAST KILBOURN AVENUE SUITE 2700 MILWAUKEE WI 53202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVC DICKEY, LEWIS W JR 3060 PEACHTREE ROAD NW, SUITE 730 ATLANTA GA 30305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LEAHY, TERRENCE J 111 E KILBOURN AVE #2700 MILWAUKEE WI 53202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'DONNELL, DANIEL 875 N MICHIGAN AVE #3650 CHICAGO IL 60611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAUN, TERENCE 111 EAST KILBOURN AVENUE SUITE 2700 MILWAUKEE WI 53202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DICKEY, JOHN 3060 PEACHTREE ROAD NW, SUITE 730 ATLANTA GA 30305	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lewis Dickey, Jr. 3535 Piedmont Road Atlanta, GA 30305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Martin Gausvik 3535 Piedmont Road Atlanta, GA 30305	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Daniel O'Donnell 3535 Piedmont Road Atlanta, GA 30305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)