2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005
Secretary of State

DOCUMENT# J11701

Entity Name: CENTRAL FLORIDA CELLULAR TELEPHONE COMPANY, INC.

Current Principal Place of Business:

8410 W. BRYN MAWR AVENUE
SUITE 700
CHICAGO, IL 60631 US

New Principal Place of Business:

Current Mailing Address:

8410 W. BRYN MAWR AVENUE
SUITE 700
CHICAGO, IL 60631 US

New Mailing Address:

ONE ALLIED DRIVE
B2F2-A
LITTLE ROCK, AR 72202 US

FEI Number: 36-3526335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	ROONEY, JOHN E	
Address:	8410 W. BRYN MAWR AVE SUITE 700	
City-St-Zip:	CHICAGO, IL 60631 US	
Title:	VT	( ) Delete
Name:	MEYERS, KENNETH R	
Address:	8410 W. BRYN MAWR AVE, SUITE 700	
City-St-Zip:	CHICAGO, IL 60631 US	
Title:	D	( ) Delete
Name:	CARLSON, LEROY T JR.	
Address:	30 N. LASALLE STREET	
City-St-Zip:	CHICAGO, IL 60602 US	
Title:	S	( ) Delete
Name:	GALLAGHER, KEVIN C	
Address:	8410 W. BRYN MAWR AVENUE, SUITE 700	
City-St-Zip:	CHICAGO, IL 60631 US	
Title:	V	( ) Delete
Name:	WEBER, THOMAS S	
Address:	8410 W. BRYN MAWR AVENUE, SUITE 700	
City-St-Zip:	CHICAGO, IL 60631 US	
Title:	AS	( ) Delete
Name:	KROHSE, MARK A	
Address:	8410 W. BRYN MAWR AVENUE, SUITE 700	
City-St-Zip:	CHICAGO, IL 60631 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK KROHSE MR 05/09/2005
Electronic Signature of Signing Officer or Director Date