FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J78824** **(6)**

1. Corporation Name

UNITED STATES CELLULAR OPERATING COMPANY OF FT. PIERCE

Principal Place of Business	Mailing Address
8410 W. BRYN MAWR #700 CHICAGO IL 60631	8410 W. BRYN MAWR #700 CHICAGO IL 60631

3. Date Incorporated or Qualified: **06/22/1987**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **36-3525991** 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. 199.042, Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City, & State 23	City, & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 607.0505 and 607.1505, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	NELSON, H. DONALD		12 NAME	
STREET ADDRESS	8410 W. BRYN MAWR #700		13 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		14 CITY-ST-ZIP	
TITLE	VT	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MEYERS, KENNETH R.		22 NAME	
STREET ADDRESS	8410 W. BRYN MAWR		23 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		24 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	JORDAN, KARL L		32 NAME	
STREET ADDRESS	8410 W. BRYN MAWR #700		33 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		34 CITY-ST-ZIP	
TITLE	S	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	FITZELL, STEPHEN P.		42 NAME	
STREET ADDRESS	ONE FIRST NATIONAL PLZ		43 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		44 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	TRESTON, SHERRY S.		52 NAME	
STREET ADDRESS	ONE FIRST NATIONAL PLZ		53 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		54 CITY-ST-ZIP	
TITLE	AT	☐ DELETE	61 TITLE ASSISTANT SECRETARY	☐ Change ☒ Addition
NAME	ZANDER, JAMES J.		62 NAME MARK A. KROHSE	
STREET ADDRESS	8410 W. BRYN MAWR #700		63 STREET ADDRESS 8410 W. BRYN MAWR	
CITY-ST-ZIP	CHICAGO IL		64 CITY-ST-ZIP CHICAGO, IL 60631	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, complete and 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 added on an attachment with an address.

SIGNATURE: Mark A. Krohse — Mark A. Krohse — 2/23/96 — 312-399-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number