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 # **K64772** **(2)**

1. Corporation Name

UNITED STATES CELLULAR INVESTMENT COMPANY OF FT. MYERS

Principal Place of Business

8410 W BRYN MAWR
CHICAGO IL 60631

Mailing Address

8410 W BRYN MAWR
CHICAGO IL 60631

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **02/10/1989**

3a. Date of Last Report: **05/23/1995**

4. FEI Number: **36-3700066** [ ] 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. 199.032 Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES 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 607.0502 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

Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	[ ] DELETE	11 TITLE	[ ] Change [ ] Add/Del
NAME	NELSON, H. DONALD		12 NAME	
STREET ADDRESS	8410 W BRYN MAWR STE 700		13 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		14 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	21 TITLE	[ ] Change [ ] Add/Del
NAME	CARLSON, LEROY T. JR.		22 NAME	
STREET ADDRESS	30 N LASALLE ST		23 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		24 CITY-ST-ZIP	
TITLE	V	[ ] DELETE	31 TITLE	[ ] Change [ ] Add/Del
NAME	CROFT, DANIEL R		32 NAME	
STREET ADDRESS	8410 W BRYN MAWR STE 700		33 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		34 CITY-ST-ZIP	
TITLE	S	[ ] DELETE	41 TITLE	[ ] Change [ ] Add/Del
NAME	FITZELL, STEPHEN P.		42 NAME	
STREET ADDRESS	ONE FIRST NATIONAL PLAZA		43 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		44 CITY-ST-ZIP	
TITLE	T	[ ] DELETE	51 TITLE	[ ] Change [ ] Add/Del
NAME	MEYERS, KENNETH R.		52 NAME	
STREET ADDRESS	8410 BRYN MAWR SUITE 700		53 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		54 CITY-ST-ZIP	
TITLE	AS	[ ] DELETE	61 TITLE	[ ] Change [ ] Add/Del
NAME	KROHSE, MARK A.		62 NAME	
STREET ADDRESS	8410 BRYN MAWR STE 700		63 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is accurate, and that I have not quoted, 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 on an attachment with an asterisk.

SIGNATURE: Mark A. Krohse Mark A. Krohse 2/27/96 312-799-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)