

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # M79316 (9)

1. Corporation Name

**UNITED STATES CELLULAR INVESTMENT COMPANY OF SAR
ASOTA**



Principal Place of Business

**C/O KEN MEXERS
8410 W BRYN MAWR #700
CHICAGO IL 60631**

Mailing Address

**C/O KEN MEXERS
8410 W BRYN MAWR #700
CHICAGO IL 60631**

2. Principal Name of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/04/1988

3a. Date of Last Report

05/23/1995

4. FBI Number

36-3584087

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. 189.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

SIGNATURE

Signature of Officer or Director

SIGNATURE OF REGISTERED AGENT

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	NELSON, H. DONALD	
STREET ADDRESS	8410 W. BRYN MAWR #700	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	D	☐ DELETE
NAME	CARLSON, LEROY T. (JR.)	
STREET ADDRESS	30 N LASALLE 40TH FL	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	AS	☐ DELETE
NAME	KROHSE, MARK A	
STREET ADDRESS	8410 W. BRYN MAWR	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	V	☐ DELETE
NAME	DAVID P RIVOIRA	
STREET ADDRESS	8410 W. BRYN MAWR	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	VT	☐ DELETE
NAME	MEYERS, KENNETH R.	
STREET ADDRESS	8410 W. BRYN MAWR #700	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	S	☐ DELETE
NAME	FITZELL, STEPHEN P.	
STREET ADDRESS	1 FIRST NAT'L PLZ	
CITY-STATE-ZIP	CHICAGO IL	

13.

1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 address.

SIGNATURE:

Mark A. Krohse Mark A. Krohse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96

312-399-8900

CR2E034 (12/95)