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**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90016 023 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P04877**

1. Corporation Name

**MOTOROLA CELLULAR SERVICE, INC.**

Principal Place of Business

**1303 E. ALGONQUIN RD.  
SCHAUMBURG IL 60196**

Mailing Address

**1303 E. ALGONQUIN RD.  
SCHAUMBURG IL 60196**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/04/1985**

4. FEI Number

**36-3268790**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **KUZNIK, FERDINAND C.**  
CITY-ST-ZIP **1501 W. SHURE DR  
ARLINGTON HTS IL**

TITLE ☐ DELETE  
NAME **VP**  
STREET ADDRESS **HANING, RICHARD D.**  
CITY-ST-ZIP **1501 W. SHURE DR  
ARLINGTON HTS IL**

TITLE ☒ DELETE  
NAME **VP**  
STREET ADDRESS **MCCLAIN, CHRISTOPHER G**  
CITY-ST-ZIP **1303 E ALGOONQUIN RD  
SCHAUMBURG IL**

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **LAWSON, A PETER**  
CITY-ST-ZIP **1303 E ALGONQUIN RD  
SCHAUMBURG IL**

TITLE ☐ DELETE  
NAME **VPD**  
STREET ADDRESS **KOENEMANN, CARL**  
CITY-ST-ZIP **1301 E. ALGONQUIN RD.  
SCHAUMBURG IL**

TITLE ☐ DELETE  
NAME **AS**  
STREET ADDRESS **DYBALA, RAY A.**  
CITY-ST-ZIP **1303 E. ALGOONQUIN RD  
SCHAUMBURG IL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**SEE ATTACHED**

14. 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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED BY T. SECRETARY APR 23 1999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

# MOTOROLA CELLULAR SERVICE, INC. 475 560-90016-23

P04877

PRINCIPLE PLACE OF BUSINESS:	2441 Commerce Drive Libertyville, IL 60048
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DIRECTORS:	ADDRESS
Carl F. Koenemann	1303 E. Algonquin Road Schaumburg, IL 60196
Richard D. Haning	1303 E. Algonquin Road Schaumburg, IL 60196
Ferdinand C. Kuznik	1303 E. Algonquin Road Schaumburg, IL 60196

OFFICERS:	TITLE	ADDRESS
Ferdinand C. Kuznik	President	1303 E. Algonquin Road Schaumburg, IL 60196
Janice Webb	Vice President	1303 E. Algonquin Road Schaumburg, IL 60196
Carl F. Koenemann	Vice President	1303 E. Algonquin Road Schaumburg, IL 60196
Richard D. Haning	Vice President	1303 E. Algonquin Road Schaumburg, IL 60196
Gerry Lenk	Vice President	1303 E. Algonquin Road Schaumburg, IL 60196
Frank Wapole	Vice President	1303 E. Algonquin Road Schaumburg, IL 60196
Garth Milne	Treasurer	1303 E. Algonquin Road Schaumburg, IL 60196
A. Peter Lawson	Secretary	1303 E. Algonquin Road Schaumburg, IL 60196
Maryann Clifford	Assistant Secretary	1303 E. Algonquin Road Schaumburg, IL 60196
William C. Fox	Assistant Secretary	1303 E. Algonquin Road Schaumburg, IL 60196
Ray A. Dybaia	Assistant Secretary	1303 E. Algonquin Road Schaumburg, IL 60196
Melvin Gaceta	Assistant Secretary	1303 E. Algonquin Road Schaumburg, IL 60196