


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/04/1985	
21		26		4. FEI Number 36-3268790	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country		30. Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82		Street Address (P.O. Box Number is Not Acceptable)	
				83			
				84	City	FL	85

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUZNICK, FERDINAND C.	1.2 NAME	
STREET ADDRESS	1501 W. SHURE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON HTS IL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANING, RICHARD D.	2.2 NAME	
STREET ADDRESS	1501 W. SHURE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON HTS IL	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLAIN, CHRISTOPHER G	3.2 NAME	
STREET ADDRESS	1303 E ALGOONQUIN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, A PETER	4.2 NAME	
STREET ADDRESS	1303 E ALGONQUIN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOENEMANN, CARL	5.2 NAME	
STREET ADDRESS	1301 E. ALGONQUIN RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYBALA, RAY A.	6.2 NAME	
STREET ADDRESS	1303 E. ALGOONQUIN RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	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]* SIGNATURE REQUIRED FOR SECRETARY'S T. SECRETARY APR 23 1999

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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<u>DIRECTORS:</u>	<u>ADDRESS</u>
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

<u>OFFICERS:</u>	<u>TITLE</u>	<u>ADDRESS</u>
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. Dybala	Assistant Secretary	1303 E. Algonquin Road Schaumburg, IL 60196
Melvin Gaceta	Assistant Secretary	1303 E. Algonquin Road Schaumburg, IL 60196