FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 6:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P14296** **(8)**

1. Corporation Name

CENTEL CELLULAR COMPANY OF FLORIDA

Principal Place of Business	Mailing Address
8725 HIGGINS ROAD CHICAGO IL 60631	8725 HIGGINS ROAD CHICAGO IL 60631

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/05/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **36-3506530** ☐ 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

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 _____ 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	11 TITLE	☐ Change ☐ Addition
NAME	DENNIS E. FOSTER	12 NAME	
STREET ADDRESS	8725 HIGGINS ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	14 CITY-ST-ZIP	
TITLE	EVP	21 TITLE	☒ Change ☐ Addition
NAME	~~HUTTON, GEORGE W~~	22 NAME	V/P
STREET ADDRESS	8725 HIGGINS ROAD	23 STREET ADDRESS	KEVIN L. BEEBE
CITY-ST-ZIP	CHICAGO IL 60631	24 CITY-ST-ZIP	8725 Higgins Road
TITLE	SD	31 TITLE	Chicago Il 60631 ☐ Change ☐ Addition
NAME	GALLAGHER, KEVIN C.	32 NAME	
STREET ADDRESS	8725 HIGGINS ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60631	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	JEANNINE STRANDJORD	42 NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PARKWAY	43 STREET ADDRESS	
CITY-ST-ZIP	WESTWOOD KS	44 CITY-ST-ZIP	
TITLE	VPAS	51 TITLE	☐ Change ☐ Addition
NAME	GALLAGHER, KEVIN C.	52 NAME	
STREET ADDRESS	8725 HIGGINS ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	54 CITY-ST-ZIP	
TITLE	VPC	61 TITLE	☐ Change ☐ Addition
NAME	BURGE, GARY L.	62 NAME	
STREET ADDRESS	8725 HIGGINS ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 on an attachment with an address.

SIGNATURE: Gary L. Burge Gary L. Burge 4/20/95 (312) 559-7131
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0466367 FP