

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90017 043 ***550.00

DOCUMENT # P14296

1. Corporation Name

360 COMMUNICATIONS COMPANY OF FLORIDA



Principal Place of Business

8725 HIGGINS ROAD
CHICAGO IL 60631

Mailing Address

8725 HIGGINS ROAD
CHICAGO IL 60631

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1987

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

2. Principal Place of Business

21 One Allied Drive
Suite, Apt. #, etc.

22 City & State
Little Rock, AR

24 Zip 72202 25 Country USA

2a. Mailing Address

26 One Allied Drive
Suite, Apt. #, etc.

27 City & State
Little Rock, AR

29 Zip 72202 30 Country USA

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

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	PCEO	<input checked="" type="checkbox"/> DELETE
NAME	DENNIS E. FOSTER	
STREET ADDRESS	8725 HIGGINS ROAD	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WERNER, GREGG S	
STREET ADDRESS	8725 HIGGINS ROAD	
CITY-ST-ZIP	CHICAGO IL	
TITLE	SVS	<input checked="" type="checkbox"/> DELETE
NAME	GALLAGHER, KEVIN C.	
STREET ADDRESS	8725 HIGGINS ROAD	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	CHEHAYL, PETER	
STREET ADDRESS	8725 HIGGINS ROAD	
CITY-ST-ZIP	CHICAGO IL	
TITLE	EVCF	<input checked="" type="checkbox"/> DELETE
NAME	SMALL, MICHAEL J.	
STREET ADDRESS	8725 HIGGINS ROAD	
CITY-ST-ZIP	CHICAGO IL	
TITLE	SVAS	<input checked="" type="checkbox"/> DELETE
NAME	BURGE, GARY L.	
STREET ADDRESS	8725 HIGGINS ROAD	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dennis Foster	
1.3 STREET ADDRESS	One Allied Drive	
1.4 CITY-ST-ZIP	Little Rock, AR 72202	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kevin Beebe	
2.3 STREET ADDRESS	One Allied Drive	
2.4 CITY-ST-ZIP	Little Rock, AR 72202	
3.1 TITLE	Senior Vice President - Finance	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jeffery Gardner	
3.3 STREET ADDRESS	One Allied Drive	
3.4 CITY-ST-ZIP	Little Rock, AR 72202	
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Francis Frantz	
4.3 STREET ADDRESS	One Allied Drive	
4.4 CITY-ST-ZIP	Little Rock, AR 72202	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 29, 1999

CR2E034 (11/98)

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