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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P17919

MCCAW RCC COMMUNICATIONS, INC.

Mailing Address

	FILE	D
Jul 31	1997	8:00am
Secr	etary	of State

5000 CARILLON KIRKLAND WA		5000 CARILLON POINT KIRKLAND WA 98033-735	6			
					3. Date Incorporated or Qualified 02/05/1988	3a. Date of Last Report 07/26/1996
2. Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number	Applied For
21		26			91-1199104	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	ə	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ 29	Countr 30			
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Reg	gistered Agent
THE	PRENTICE-HALL CORPORATION	n system inc.	8	1 Name		
	I HAYS STREET TE 105		8:		ddress (P.O. Box Number is Not Acceptab	le)
	AHASSEE FL 32301		8:	3		
			8-	4 City		FL 85 Zip Code
agent Lái	to the provisions of Soctions 607.050 egistered agent, or bolh, in the State m familiar with, and accept the oblig	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	ites, the abo authorized b lorida Statute	ve-named c by the corpo es.	corporation submits this statement for the p oration's board of directors. I hereby accep	urpose of changing its registered If the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agr	ant and title if applicable (NC	TL Hingistered A	gent signature re	equired when reinstaling)	DATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	P/D	DELFTE	1.1 11TLE		MD	Change Addition
NAME	HOOPER, STEVEN W.		1.2 NAME		paniel R. Hesse	·
STREET ADDRESS	5000 CARILLON POINT		1.3 STRE	EL ADDRESS	5000 Carillon Point	
€ITY-ST-ZIP	KIRKLAND WA 98033		1.4 CITY-	·ST · ZIP	Kirkland WA 9803	3
TITLE	S/D	☐ DELETE	2 1 TITLE			Change
NAME	PERRY, WAYNE M.		2.2 NAME	:	Gregory P. landis. 5000 Carillon Poir	•
STREET ADDRESS	5000 CARILLON POINT		2 3 STRE	ET ADDRESS	5000 Carillon Poir	
CITY-ST-ZIP	KIRKLAND WA 98033		2 4 City	-ST-ZIP	Kirkland W19 9803	3
TITLE	VP	☐ DELETE	3 1 11TLE			☐ Change ☐ Addition
NAME	THOMAS, MARK U.		3.2 NAME			
STREET ADDRESS	5000 CARILLON POINT		3 3 STRE	ET ADDRESS		
CITY-ST-ZIP	KIRKLAND WA 98033		3.4. CITY	- ST - ZIP		
TITLE	VPAS	☐ DELETE	4 1 TITLE			Change Addition
NAME	Marsh, Jennifer		4. 2 NAM	E		
STREET ADDRESS	5000 CARILLON POINT		4.3 STRE	ET ADDRESS		
CITY-ST-ZIP	KIRKLAND WA 98033		4.4 CITY			
TITLE	CFOT	DELETE	51 1ITLE	-	CF07/D	Change Addition
NAME	HUFF, ROLLA P.		5.2 NAME		John D. Thompson	/
STREET ADDRESS	5000 CARILLON POINT		5 3 STRE		5000 Carllion Point	,
CITY-ST-ZIP	KIRKLAND WA 98033		5.4 City-	ST-ZIP	Kirkland WH 9803	3
TITLE	SVPD	DELETE	61 TITLE			Change Addition
NAME	QUARTNER, ANDREW A.		6.2 NAME			
STREET ADDRESS	5000 CARILLON POINT		6 3 S1RF	ET ADDRESS		
CITY-ST-ZIP	KIRKLAND WA 98033		6.4 CHY-	·SI-7/P		

14. I do 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 change), or on an attachment with an address