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 MAY -1 PM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P33511** **(7)**

1. Corporation Name
FLORIDA RSA #8, INC.

Principal Place of Business	Mailing Address
UNITED STATES CELLULAR 6110 N W 4TH PLACE GAINESVILLE FL 32607 US	8410 W BRYN MAWR AVE STE 700 SUITE 700 CHICAGO IL 60631-3486 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/09/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: **51-0332311** ☐ 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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET BLVD.
TALLAHASSEE FL 32301

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	Assistant Secretary	☐ Change ☑ Addition
NAME	NELSON, DONALD H.	1.2 NAME	Mark A. Krohse	
STREET ADDRESS	8410 W BRYN MAWR STE 700	1.3 STREET ADDRESS	8410 W. Bryn Mawr	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	Chicago, IL 60631	
TITLE	VT	2.1 TITLE		☐ Change ☐ Addition
NAME	MEYERS, KENNETH R.	2.2 NAME		
STREET ADDRESS	8410 W BRYN MAWR STE 700	2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	FITZELL, STEPHEN P.	3.2 NAME		
STREET ADDRESS	ONE FIRST NATIONAL PLAZA	3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	CARLSON, LEROY T. JR.	4.2 NAME		
STREET ADDRESS	30 N LASALLE ST STE4000	4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP		
TITLE	TV	5.1 TITLE		☐ Change ☐ Addition
NAME	ZANDER, JAMES J.	5.2 NAME		
STREET ADDRESS	8410 W BRYN MAWR STE 700	5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	CROFT, DANIEL C.	6.2 NAME		
STREET ADDRESS	8410 W BRYN MAWR STE 700	6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	6.4 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: Mark A. Krohse Mark A. Krohse 4/26/95 (312) 399-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR1594 CP