

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P33511

(7)

1. Corporation Name

FLORIDA RSA #8, INC.



Principal Place of Business

UNITED STATES CELLULAR  
6110 N W 4TH PLACE  
GAINESVILLE FL 32607  
US

Mailing Address

8410 W BRYN MAWR AVE STE 700  
SUITE 700  
CHICAGO IL 60631-3486  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET BLVD.  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

04/09/1991

3a. Date of Last Report

05/01/1995

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

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 607.0507 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 signing officer or director

(If the Registered Agent signature is required, when registering)

Date

12. OFFICERS AND DIRECTORS

|                 |                             |                                            |
|-----------------|-----------------------------|--------------------------------------------|
| TITLE           | PD                          | <input type="checkbox"/> DELETE            |
| NAME            | NELSON, DONALD H.           |                                            |
| STREET ADDRESS  | 8410 W BRYN MAWR STE 700    |                                            |
| CITY - ST - ZIP | CHICAGO IL                  |                                            |
| TITLE           | VT                          | <input type="checkbox"/> DELETE            |
| NAME            | MEYERS, KENNETH R.          |                                            |
| STREET ADDRESS  | 8410 W BRYN MAWR STE 700    |                                            |
| CITY - ST - ZIP | CHICAGO IL                  |                                            |
| TITLE           | S                           | <input type="checkbox"/> DELETE            |
| NAME            | FITZELL, STEPHEN P.         |                                            |
| STREET ADDRESS  | ONE FIRST NATIONAL PLAZA    |                                            |
| CITY - ST - ZIP | CHICAGO IL                  |                                            |
| TITLE           | D                           | <input type="checkbox"/> DELETE            |
| NAME            | CARLSON, LEROY T. JR.       |                                            |
| STREET ADDRESS  | 30 N LASALLE ST STE4000     |                                            |
| CITY - ST - ZIP | CHICAGO IL                  |                                            |
| TITLE           | TV                          | <input type="checkbox"/> DELETE            |
| NAME            | ZANDER, JAMES J.            |                                            |
| STREET ADDRESS  | 8410 W BRYN MAWR STE 700    |                                            |
| CITY - ST - ZIP | CHICAGO IL                  |                                            |
| TITLE           | V                           | <input checked="" type="checkbox"/> DELETE |
| NAME            | <del>GROFF, DANIEL C.</del> |                                            |
| STREET ADDRESS  | 8410 W BRYN MAWR STE 700    |                                            |
| CITY - ST - ZIP | CHICAGO IL                  |                                            |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 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 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)(k), 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. Kuhse  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/96

312-399-8912

CR2E034 (12/95)