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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

FLORIDA RSA #8, INC.

FILED Apr 30 1998 8:00am Secretary of State

|--|--|--|

| Delinated Plane of Ourier on Mailing Address | | | | | | |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------|---------------|-------------------------------------------------------------------------|------------|
| Principal Place of Business Mailing Address | | | | | | |
| UNITED STA | ATES CELLULAR | 8410 W BRYN MAWR AVE SUITE 700 | SIE 700 | | | |
| GAINESVILL | | CHICAGO IL 60631-3486 | | | DO NOT WRITE IN THIS SPACE | |
| US | | US | | | 3. Date Incorporated or Qualified 04/09/1991 | _ |
| | Piace of Business | 2a. Mailing Address | | | 4. FEI Number Applied | |
| 21 | | 26 | | | | plicable |
| Suite, Ap 22 | 1. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired See Require | |
| City & Sta | ate | Crty & State | | | 6. Election Campaign Financing \$5.00 May | / Be |
| 23 | | 28 | | | Trust Fund Contribution Added to Fe | |
| Zip | Country | Ζip | Countr | у | 8. This corporation owes or has paid the current year Intangit | ble |
| 24 | 25 | | 30 | | Personal Property Tax due June 30. X Yes No |) |
| | 9. Name and Address of Current | | | | 10. Name and Address of New Registered Agent | |
| C | ORPORATION SERVICE COMPANY | | 81 | Name | | |
| 1: | 201 HAYS STREET BLVD. | | 83 | Street | Address (B.O. Bay Mumber is Not Assentable) | |
| | ALLAHASSEE FL 32301 | | 104 | Street | Address (P.O. Box Number is Not Acceptable) | |
| ••• | | | 83 | 1 | | |
| | | | | 1 | | |
| | | | 84 | City | FL 85 Zip Code | 3 |
| 11. Pursuan | t to the provisions of Sections 607.0502 | and 607.1508, Florida Statute | s, the above | e-named | corporation submits this statement for the purpose of changing its reg | istered |
| office or | r egiste red agent, or both, in the State c am fam iliar with, and accept the obligat | ol Florida. Such change was a | uthorized t | iy the corp | poration's board of directors. I hereby accept the appointment as regis | stered |
| | , | tenta off election oof 10000, 110 | noa olalak | | | |
| SIGNATURE | Signature, typed or printed name of registered agen | and title if applicable (NOTE | Registered Ad | ent signature | required when reinstating) DATE | |
| 12, | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | 12 |
| TITLE | PD | ☐ DELET E | 1.1 TITLE | | | Addition |
| NAME | NELSON, DONALD H. | | 1.2 NAME | | | |
| STREET ADDRESS | 6440 MI DOVAL MANUO CTE 700 | 1 | | T ADDRESS | | |
| | CHICAGO IL | | | | | |
| CITY-ST-ZIP TITLE | VI | DELETE | 1.4 CITY- 2.1 TITLE | 31-ZIF | Change | Addition |
| | MEYERS, KENNETH R. | C) otter | | | | , ridomon |
| NAME | 6440 W DOVAL MANNO CTC 700 | 1 | 2.2 NAME | | | |
| STREET ADDRESS | CHICAGO IL | | | I ADDRESS | | |
| CITY-ST-ZIP | _1 | | 2 4 CITY | ST-ZIP | | Takana |
| TITLE | BITTCH STEDUCK D | ☐ DELETE | 3.1 TITLE | | ☐ Change | Addition |
| NAME | PITZELL, STEPHEN P. | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREE | T ADDRESS | | |
| CITY-ST-ZIP | CHICAGO IL | | 3.4. CITY | ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | Change | Addition |
| NAME | CARLSON, LEROY T. JR. | | 4. 2 NAMI | | | |
| STREET ADDRESS | | | 4.3 STREE | 1 ADDRESS | | |
| CITY-ST-ZIP | CHICAGO IL | | 4.4 CITY- | ST-7IP | | |
| TITLE | TV | DELETE | 5.1 TITLE | | Change | Addition |
| NAME | ZANDER, JAMES J. | — | 5.2 NAME | | | I |
| STREET ADDRESS | 6440 M BOVN MANUTO OTE 700 | | | t address | | |
| | CHICAGO IL | | | | | |
| CITY-ST-ZIP | 7,40,40 | ☐ DELET E | 5.4 CITY- | 91-71P | As Change | Addition |
| TITLE | 1 | □ betere | 6.1 TITLE | | KROHIE, MARK A. | , Addition |
| NAME | | | 6.2 NAME | | MILLS AS INNER MALCH ITE 700 | |
| STREET ADORESS | 5 | | 6.3 STREE | T ADDRESS | BHIO W BHYN MANH ITE TOO | |
| AITH OF SIR | i | | 0.4.0150 | er an | 1 Cut Caca | |

14. Thereby 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.

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