08021999-90001-006-$550.00-$550.00

999.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90001 006 ***550.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # P33511

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	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

8. This corporation owes the current year Intangible Personal Property. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, DONALD H.		1.2 NAME	
STREET ADDRESS	8410 W BRYN MAWR STE 700		1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP	
TITLE	VT	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	AS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KROSHE, MARK A		6.2 NAME	
STREET ADDRESS	8410 W BRYN MAWR, SUITE 700		6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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.

SIGNATURE: Mark A. Krohse Mark A. Krohse 8/1/99 773-399-8912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #