FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000073110 (6)**

1. Corporation Name

USCOC OF TALLAHASSEE, INC.

Principal Place of Business

8410 W BRYN MAWR AVENUE
SUITE 700
CHICAGO IL 60631

Mailing Address

8410 W BRYN MAWR AVENUE
SUITE 700
CHICAGO IL 60631

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

3. Date Incorporated or Qualified: 10/05/1994

3a. Date of Last Report: 05/01/1995

4. FEI Number: 39-1810393 ☐ 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

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
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

TITLE	PD	☐ DELETE
NAME	H. DONALD NELSON	
STREET ADDRESS	8410W. BRYN MAWR	
CITY-ST-ZIP	CHICAGO IL	
TITLE	S	☐ DELETE
NAME	STEPHEN P. FITZELL	
STREET ADDRESS	1 FIRST NATIONAL PLAZA	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VP	☐ DELETE
NAME	RICHARD W. BORHRING	
STREET ADDRESS	8410 W. BRYN MAWR	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VP	☐ DELETE
NAME	EDWARD W. TOWERS	
STREET ADDRESS	30 N. LASALLE ST, #4000	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VP	☐ DELETE
NAME	MICHAEL MUTZ	
STREET ADDRESS	8410 W. BRYN MAWR	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VPT	☐ DELETE
NAME	KENNETH R. MEYERS	
STREET ADDRESS	8410 W. BRYN MAWR	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME	RICHARD W. GOEHRING	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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. Krohse — Mark A. Krohse, Asst. Secretary 5/3/96 312-399-8912

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