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 JUN 23 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 521828

1. Corporation Name

Ohio State Cellular Phone Company, Inc.

200001522422

Principal Place of Business	Mailing Address
8410 W. Bryn Mawr Ave. Suite 700 Chicago, IL 60631	8410 W. Bryn Mawr Ave. Suite 700 Chicago, IL 60631

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/90
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8410 W. Bryn Mawr Ave.	26 8410 W. Bryn Mawr Ave.
Suite, Apt. #, etc. 22 Suite 700	Suite, Apt. #, etc. 27 Suite 700
City & State 23 Chicago, IL	City & State 28 Chicago, IL
Zip / Country 24 60631 / 25 USA	Zip / Country 29 60631 / 30 USA

4. FEI Number: 22 314 08 71 ☐ 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 Service Company
1201 Hays Street
Tallahassee, Florida 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	President and Director	11 TITLE	☐ Change ☐ Addition
NAME	H. Donald Nelson	12 NAME	
STREET ADDRESS	8410 W. Bryn Mawr, Suite 700	13 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60631	14 CITY-ST-ZIP	
TITLE	Director	21 TITLE	☐ Change ☐ Addition
NAME	LeRoy T. Carlson, Jr.	22 NAME	
STREET ADDRESS	30 N. LaSalle St., Suite 4000	23 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60602	24 CITY-ST-ZIP	
TITLE	Vice President	31 TITLE	☐ Change ☐ Addition
NAME	Kenneth Meyers	32 NAME	
STREET ADDRESS	8410 W. Bryn Mawr, Suite 700	33 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60631	34 CITY-ST-ZIP	
TITLE	Vice President	41 TITLE	☐ Change ☐ Addition
NAME	Randy Jenkins	42 NAME	
STREET ADDRESS	8410 W. Bryn Mawr, Suite 700	43 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60631	44 CITY-ST-ZIP	
TITLE	Secretary	51 TITLE	☐ Change ☐ Addition
NAME	Stephen P. Fitzell	52 NAME	
STREET ADDRESS	One First National Plaza	53 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60603	54 CITY-ST-ZIP	
TITLE	Asst. Secretary	61 TITLE	☐ Change ☐ Addition
NAME	Sherry S. Treston	62 NAME	
STREET ADDRESS	One First National Plaza	63 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60603	64 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: _____ H. Donald Nelson 6/22/95 (312) 399-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #