

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 30 1998 8:00am
Secretary of State

011518

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # S21828 (6)
1. Corporation Name
OHIO STATE CELLULAR PHONE COMPANY, INC.



Principal Place of Business
8410 W. BRYN MAWR AVE.
STE. 700
CHICAGO IL 60631

Mailing Address
8410 W. BRYN MAWR AVE.
STE. 700
CHICAGO IL 60631

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/31/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		22-3140871	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, H. DONALD	1.2 NAME	
STREET ADDRESS	8410 W. BRYN MAWR STE. 700	1.3 STREET ADDRESS	
CITY-STATE-ZIP	CHICAGO IL 60631	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, LEROY T. JR.	2.2 NAME	
STREET ADDRESS	30 N. LA SALLE ST. STE. 4000	2.3 STREET ADDRESS	
CITY-STATE-ZIP	CHICAGO IL 60602	2.4 CITY-STATE-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, KENNETH	3.2 NAME	
STREET ADDRESS	8410 W. BRYN MAWR STE. 700	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CHICAGO IL 60631	3.4 CITY-STATE-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZELL, STEPHEN P	4.2 NAME	
STREET ADDRESS	ONE FIRST NATIONAL PLAZA	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CHICAGO IL 60603	4.4 CITY-STATE-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRESTON, SHERRY S	5.2 NAME	
STREET ADDRESS	ONE FIRST NATIONAL PLAZA	5.3 STREET ADDRESS	
CITY-STATE-ZIP	CHICAGO IL 60603	5.4 CITY-STATE-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROHSE, MARK A	6.2 NAME	
STREET ADDRESS	8410 W BRYN MAWR STE 700	6.3 STREET ADDRESS	
CITY-STATE-ZIP	CHICAGO IL	6.4 CITY-STATE-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/98)

2

June 9, 1998

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Ohio State Cellular Phone Company
Profit Corporation Annual Report
FEIN - 22-3140871

To Whom it May Concern,

In June of 1998 we received a 2nd notice to file our 1998 Profit Corporation Annual Report yet we never received a first notice. United States Cellular files several returns in Florida, all of which we have received have been paid on time. We ask that the penalty for filing late be waived. Please find our check # _____ enclosed in the amount of \$150.00.

1500035312

Should you have any questions, please feel free to call me at (773) 399-4250.

Sincerely



Christine Patrin
Staff Accountant