

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S21828

1. Entity Name

OHIO STATE CELLULAR PHONE COMPANY, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90151 005 ***550.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3140871

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME NELSON, H. DONALD
STREET ADDRESS 8410 W. BRYN MAWR STE. 700
CITY-ST-ZIP CHICAGO IL 60631

TITLE DP ☒ Change ☐ Addition
NAME Rooney, John E.
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CARLSON, LEROY T. JR.
STREET ADDRESS 30 N. LA SALLE ST. STE. 4000
CITY-ST-ZIP CHICAGO IL 60602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME MEYERS, KENNETH
STREET ADDRESS 8410 W. BRYN MAWR STE. 700
CITY-ST-ZIP CHICAGO IL 60631

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME FITZELL, STEPHEN P
STREET ADDRESS ONE FIRST NATIONAL PLAZA
CITY-ST-ZIP CHICAGO IL 60603

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME TRESTON, SHERRY S
STREET ADDRESS ONE FIRST NATIONAL PLAZA
CITY-ST-ZIP CHICAGO IL 60603

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME KROHSE, MARK A
STREET ADDRESS 8410 W BRYN MAWR STE 700
CITY-ST-ZIP CHICAGO IL 60631

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Mark A. Krohse, Asst. Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)