

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P31617 (4)
1. Corporation Name
OCALA CELLULAR TELEPHONE COMPANY, INC.



Principal Place of Business: **5000 CARILLON POINT KIRKLAND WA 98033**
Mailing Address: **5000 CARILLON POINT KIRKLAND WA 98033**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
10/31/1990

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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4. FEI Number **91-1429238**
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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No **N/A**

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81. Name: *Change of agent form submitted by*
82. Street Address (P.O. Box Number is Not Acceptable): *CT Corporation System*
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 _____ (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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESSE, DANIEL R	1.2 NAME	
STREET ADDRESS	5000 CARILLON POINT	1.3 STREET ADDRESS	
CITY-ST-ZIP	KIRKLAND WA	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDIS, GREGORY P	2.2 NAME	
STREET ADDRESS	5000 CARILLON POINT	2.3 STREET ADDRESS	
CITY-ST-ZIP	KIRKLAND WA	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, MARK U.	3.2 NAME	
STREET ADDRESS	5000 CARILLON POINT	3.3 STREET ADDRESS	
CITY-ST-ZIP	KIRKLAND WA 98033	3.4 CITY-ST-ZIP	
TITLE	VPAS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, JENNIFER	4.2 NAME	
STREET ADDRESS	5000 CARILLON POINT	4.3 STREET ADDRESS	
CITY-ST-ZIP	KIRKLAND WA 98033	4.4 CITY-ST-ZIP	
TITLE	CFOT	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JOHN D	5.2 NAME	
STREET ADDRESS	5000 CARILLON POINT	5.3 STREET ADDRESS	
CITY-ST-ZIP	KIRKLAND WA	5.4 CITY-ST-ZIP	
TITLE	SVPD	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUARTNER, ANDREW A.	6.2 NAME	
STREET ADDRESS	5000 CARILLON POINT	6.3 STREET ADDRESS	
CITY-ST-ZIP	KIRKLAND WA 98033	6.4 CITY-ST-ZIP	

VPICFOIT
Bradner, Mark
5000 Carillon Point
Kirkland, WA 98033

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.

CR2E034 (10/97)