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 MAY -1 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **828649** **(4)**

1. Corporation Name
TCI OF NORTHERN NEW JERSEY, INC.

Principal Place of Business	Mailing Address
5619 DTC PARKWAY, 6TH FLOOR, TAX ENGLEWOOD CO 80111	P O BOX 5630 TAX DEPT DENVER CO 80217 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/14/1972	3a. Date of Last Report: 05/01/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / County (25)	Zip (29) / County (30)
4. FEI Number: 91-0748273	☐ 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

THE PRENTICE HALL CORPORATION SYSTEM INC.
1201 HAYES STREET
SUITE 105
TALLAHASSE 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 _____ 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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	MARSHALL, BARRY P.	1.2 NAME		
STREET ADDRESS	5619 DTC PARKWAY	1.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO	1.4 CITY-ST-ZIP		
TITLE	VPAS	2.1 TITLE		☐ Change ☐ Addition
NAME	BRETT, STEPHEN M	2.2 NAME		
STREET ADDRESS	5619 DTC PARKWAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHOTTERS, BERNARD W. II	3.2 NAME		
STREET ADDRESS	5619 DTC PARKWAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO	3.4 CITY-ST-ZIP		
TITLE	CD	4.1 TITLE	AVP	☒ Change ☐ Addition
NAME	SPARKMAN, J.C.	4.2 NAME	Nolan Gookin	
STREET ADDRESS	5619 DTC PARKWAY	4.3 STREET ADDRESS	5619 DTC Parkway	
CITY-ST-ZIP	ENGLEWOOD CO	4.4 CITY-ST-ZIP	Englewood, CO	
TITLE	AVP	5.1 TITLE		☐ Change ☐ Addition
NAME	HALSEY, GREG	5.2 NAME		
STREET ADDRESS	5619 DTC PARKWAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO	5.4 CITY-ST-ZIP		
TITLE	VPD	6.1 TITLE		☐ Change ☐ Addition
NAME	BRACKEN, GARY K	6.2 NAME		
STREET ADDRESS	5619 DTC PARKWAY	6.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO	6.4 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: Nolan D. Gookin 4/12/95 (303)267-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Nolan Gookin Assistant Vice President

0302976 CP