

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Apr 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # F98000005739

1. Entity Name
COMCAST OF ILLINOIS IV, INC.



Principal Place of Business
**1500 MARKET ST
STE
PHILADELPHIA, PA 19102-2148 80**

Mailing Address
**1500 MARKET ST
STE
PHILADELPHIA, PA 19102-2148 80**



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3270265

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BURKE, STEPHEN B
STREET ADDRESS	1500 MARKET ST
CITY-ST-ZIP	PHILADELPHIA, PA 191022148
TITLE	V
NAME	BACKSTROM, STEPHEN
STREET ADDRESS	1500 MARKET ST
CITY-ST-ZIP	PHILADELPHIA, PA 191022148
TITLE	SD
NAME	BLOCK, ARTHUR R
STREET ADDRESS	1500 MARKET ST
CITY-ST-ZIP	PHILADELPHIA, PA 191022148
TITLE	T
NAME	ALCHIN, JOHN R
STREET ADDRESS	1500 MARKET ST
CITY-ST-ZIP	PHILADELPHIA, PA 191022148
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/05-80091-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. STEPHEN BACKSTROM, VP

Date

Daytime Phone #

4/27/05

215-981-7557