

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000005209

Entity Name: KNOLOGY DATA CENTER SERVICES, INC.

Current Principal Place of Business:

7887 EAST BELLEVIEW
SUITE 1000
ENGLEWOOD, CO 80111

Current Mailing Address:

7887 EAST BELLEVIEW
SUITE 1000
ENGLEWOOD, CO 80111 US

FEI Number: 45-4291615

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|-----------------------------------|-----------------|-----------------------------------|
| Title | SECRETARY | Title | TREASURER |
| Name | MARTIN, CRAIG D. | Name | FISH, RICH |
| Address | 7887 EAST BELLEVIEW SUITE 1000 | Address | 7887 EAST BELLEVIEW SUITE 1000 |
| City-State-Zip: | ENGLEWOOD CO 80111 | City-State-Zip: | ENGLEWOOD CO 80111 |
| | | | |
| Title | CHIEF EXECUTIVE OFFICER | Title | VICE PRESIDENT |
| Name | ELDER, TERESA | Name | FORD, KATHRYN E. |
| Address | 7887 EAST BELLEVIEW SUITE 1000 | Address | 7887 EAST BELLEVIEW SUITE 1000 |
| City-State-Zip: | ENGLEWOOD CO 80111 | City-State-Zip: | ENGLEWOOD CO 80111 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHRYN E. FORD

VICE PRESIDENT

02/04/2020

Electronic Signature of Signing Officer/Director Detail

Date