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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:20

DOCUMENT # **646676** **(7)**

1. Corporation Name
POMPANO TELECABLE CORPORATION

Principal Place of Business	Mailing Address
THE PILOT HOUSE. LEWIS WHARF BOSTON MA 02110	THE PILOT HOUSE. LEWIS WHARF BOSTON MA 02110

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/29/1979**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-1960157** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
7. 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.
110 NORTH MAGNOLIA STREET
TALLAHASSEE 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	VCD	1.1 TITLE	☐ Change ☐ Addition
NAME	NEHER, TIMOTHY P	1.2 NAME	
STREET ADDRESS	89 SAGAMORE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☒ Change ☐ Addition
NAME	RITTER, MICHAEL J.	2.2 NAME	Schleyer, William T.
STREET ADDRESS	109 COMMONWEALTH AVE	2.3 STREET ADDRESS	20 South Road
CITY-ST-ZIP	BOSTON MA	2.4 CITY-ST-ZIP	Rye Beach, NH 03871
TITLE	VM	3.1 TITLE	☐ Change ☐ Addition
NAME	DELORME, JEFFREY T.	3.2 NAME	
STREET ADDRESS	5934 RICHARD STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	Treasurer and Vice PresidentX Change ☐ Addition
NAME	KRAUSS, P. ERIC	4.2 NAME	
STREET ADDRESS	1668 COMMONWEALTH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIGHTON MA	4.4 CITY-ST-ZIP	
TITLE	VAS	5.1 TITLE	☐ Change ☐ Addition
NAME	HOFFSTEIN, RICHARD A.	5.2 NAME	
STREET ADDRESS	59 IVY RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA	5.4 CITY-ST-ZIP	
TITLE	VM	6.1 TITLE	☐ Change ☐ Addition
NAME	FILIPIAK, ELLEN	6.2 NAME	
STREET ADDRESS	1019 SOUTHEAST 6TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	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)(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.

SIGNATURE: _____ 2/7/95 (617) 742-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Optional) Phone #
Richard A. Hoffstein

0103370 FP