

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90280 027 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F00000006974

1. Entity Name
COMCAST ABB MANAGEMENT CORPORATION

Principal Place of Business
C/O LEGAL DEPARTMENT
188 INVERNESS DRIVE WEST
ENGLEWOOD, CO 80122

Mailing Address
C/O LEGAL DEPARTMENT
188 INVERNESS DRIVE WEST
ENGLEWOOD, CO 80122

11014049

2. Principal Place of Business
1500 MARKET ST.
Suite, Apt. #, etc.

3. Mailing Address
1500 MARKET ST
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
PHILADELPHIA PA
Zip
19102-2148
Country
USA

City & State
PHILADELPHIA PA
Zip
19102-2148
Country
USA

4. FEI Number
84-0932656

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

Zip Code

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 Agents signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	HUSEBY, MICHAEL	188 INVERNESS DRIVE	ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/>
D	SCHLEYER, WILLIAM T	188 INVERNESS DRIVE	ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/>
VS	BAILEY, RICK	188 INVERNESS DRIVE	ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/>
T	DWYER, EDWARD M	188 INVERNESS DRIVE	ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/>
V	BRADEN, GREGORY	188 INVERNESS DRIVE	ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/>
AS	SHANK, JOHN L	188 INVERNESS DRIVE	ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PRESIDENT	STEPHEN B. BURKE	1500 MARKET ST.	PHILADELPHIA PA 19102-2148	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE PRESIDENT	C. STEPHEN BACKSTROM	1500 MARKET ST.	PHILADELPHIA PA 19102-2148	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	ARTHUR R. BLOCK	1500 MARKET ST.	PHILADELPHIA PA 19102-2148	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	JOHN R. ALCHIN	1500 MARKET ST.	PHILADELPHIA PA 19102-2148	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	ARTHUR R. BLOCK	1500 MARKET ST.	PHILADELPHIA PA 19102-2148	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	LAWRENCE S. SMITH	1500 MARKET ST.	PHILADELPHIA PA 19102-2148	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. 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 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

C. STEPHEN BACKSTROM

Date

215-981-7557

Daytime Phone #

CP2E034 (10/02)