

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90044 045 ***150.00

DOCUMENT # F01000000590

1. Entity Name
MEDIAONE OF EASTERN MICHIGAN, INC.

COMCAST OF FLORIDA/ILLINOIS/MICHIGAN, INC.

Principal Place of Business
188 INVERNESS DRIVE WEST, SUITE 600
ENGLEWOOD CO 80112
US

Mailing Address
P O BOX 5630
DENVER CO 80217-5630
US



2. Principal Place of Business

1500 MARKET ST.

3. Mailing Address

1500 MARKET ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

PHILADELPHIA PA

City & State

PHILADELPHIA PA

4. FEI Number

38-3256965

Applied For

Not Applicable

Zip

Country

19102-2148

USA

Zip

Country

19102

USA

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 Agent 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	P	<input checked="" type="checkbox"/> Delete
NAME	COOPER, RON	
STREET ADDRESS	188 INVERNESS DRIVE WEST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	SHANK, JOHN L	
STREET ADDRESS	188 INVERNESS DRIVE WEST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	V/S	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, RICK D	
STREET ADDRESS	188 INVERNESS DRIVE WEST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	V/AT	<input checked="" type="checkbox"/> Delete
NAME	HUSEBY, MICHAEL P	
STREET ADDRESS	188 INVERNESS DRIVE WEST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	T	<input type="checkbox"/> Delete
NAME	DWYER, EDWARD M	
STREET ADDRESS	295 N. MAPLE AVENUE	
CITY-ST-ZIP	BASKING RIDGE NJ 07920-1002	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 REQUIRED STEPHEN BACKSTROM

Date

Daytime Phone #

215-981-7557

CR2E034 (10/02)