

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90007 039 \*\*\*550.00

**DOCUMENT # F03000001914**

1. Entity Name  
**TIME WARNER CABLE INC.**



Principal Place of Business  
**290 HARBOR DRIVE  
STAMFORD, CT 06902**

Mailing Address  
**290 HARBOR DRIVE  
STAMFORD, CT 06902**

**54066062**



2. Principal Place of Business

3. Mailing Address

**7910 Crescent Executive Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Ste 5b**

06292004

Chg-P

CR2E034 (10/03)

City & State

City & State

**Charlotte, nc**

4. FEI Number

**84-1496755**

Applied For

Not Applicable

Zip

Country

Zip

**28217**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
BRITT, GLENN A  
290 HARBOR DRIVE  
STAMFORD, CT 06902** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COO  
BILLOCK, JOHN K  
290 HARBOR DRIVE  
STAMFORD, CT 06902** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BAXTER, THOMAS  
290 HARBOR DRIVE  
STAMFORD, CT 06902** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCFO  
HOBBS, LANDEL C  
290 HARBOR DRIVE  
STAMFORD, CT 06902** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS  
APFELBAUM, MARC J  
290 HARBOR DRIVE  
STAMFORD, CT 06902** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
BICKHAM, JOHN  
290 HARBOR DRIVE  
STAMFORD, CT 06902** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ASST. Treasurer  
Curtis Kriner  
7910 Crescent Executive Dr. Ste 5b  
Charlotte, nc 28217** ☐ Change ☒ Addition

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: *Curtis Kriner*

Assistant Treasurer

7/20/04

704-731-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #