


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2005 8:00 am
Secretary of State

08-04-2005 90004 005 ***150.00

DOCUMENT # F03000001914 1. Entity Name TIME WARNER CABLE INC.					
Principal Place of Business 290 HARBOR DRIVE STAMFORD, CT 06902			Mailing Address 7910 CRESCENT EXECUTIVE DR. STE 56 CHARLOTTE, NC 28217		
2. Principal Place of Business Suite, Apt. #, etc. 			3. Mailing Address 7800 Crescent Executive Dr. Suite, Apt. #, etc. Suite 56		
City & State 			City & State Charlotte, NC		
Zip 		Country 		Zip 28217	
Country 		Country 		4. FEI Number 84-1496755	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO BILLOCK, JOHN K 290 HARBOR DRIVE STAMFORD, CT 06902	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAXTER, THOMAS 290 HARBOR DRIVE STAMFORD, CT 06902	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO HOBBS, LANDEL C 290 HARBOR DRIVE STAMFORD, CT 06902	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS APFELBAUM, MARC J 290 HARBOR DRIVE STAMFORD, CT 06902	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT KRINER, CURTIS 7910 CRESCENT EXECUTIVE DR. STE 56 CHARLOTTE, NC 28217	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Alderdice, Ellen 7800 Crescent Executive Drive, Suite 56 Charlotte, NC 28217
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: <u>Ellen Alderdice</u> Ellen Alderdice <u>7/29/05</u> <u>(704) 731 3700</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50059946



07192005 Chg-P CR2E034 (10/03)

7800 Crescent Executive Drive, Ste 56
Charlotte, NC 28217
Tel 704-731-3000

ATTACHMENT
50059944



July 18, 2005

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

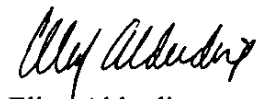
RE: 2005 For Profit Corporation Annual Report – Time Warner Cable Inc.
Document # F03000001914

To Whom It May Concern:

I am writing this letter to request a waiver regarding the "Notice of Intent to Dissolve" dated June 29, 2005 for the 2005 Profit Corporation Annual Report for Time Warner Cable Inc., enclosed. We originally mailed the form by certified receipt on April 29, 2005, also enclosed. We contacted the Post Office for tracking information and found that the filing had been held as "undeliverable", even though it was addressed to a valid Post Office Box for the Florida Department of Revenue. The Post Office then forwarded it to the Undeliverable Mail Processing Center and it was eventually disposed of in the trash. I am resubmitting the filing along with the \$150 check.

Should you have any questions or need additional information, please contact me at (704) 731-3000.

Thank you in advance for your attention to this matter.


Ellen Alderdice
Assistant Treasurer