


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90151 019 ***150.00

DOCUMENT # F04000000722	
1. Entity Name COMCAST SHARED SERVICES CORPORATION	

Principal Place of Business 1500 MARKET ST PHILADELPHIA, PA 19101	Mailing Address 1500 MARKET ST PHILADELPHIA, PA 19101
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20054682



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04202005 Chg-P CR2E034 (10/03)

4. FEI Number 23-3098999	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO ROBERTS, BRIAN L 1500 MARKET ST PHILADELPHIA, PA 19101 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CCFO ALCHIN, JOHN R 1500 MARKET ST PHILADELPHIA, PA 19101 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPT ALCIN, JOHN R 1500 MARKET ST PHILADELPHIA, PA 19101 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CCFO SMITH, LAWRENCE S 1500 MARKET ST PHILADELPHIA, PA 19101 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP SMITH, LAWRENCE S 1500 MARKET ST PHILADELPHIA, PA 19101 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP COHEN, DAVID L 1500 MARKET ST PHILADELPHIA, PA 19101 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PHILADELPHIA, PA 19102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PHILADELPHIA, PA 19102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PHILADELPHIA, PA 19102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PHILADELPHIA, PA 19102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PHILADELPHIA, PA 19102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP BACKSTROM, C. STEPHEN 1500 MARKET ST PHILADELPHIA, PA 19102

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: C S Backstrom **C. STEPHEN BACKSTROM, VP** 4/27/05 **215-981-7557**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #