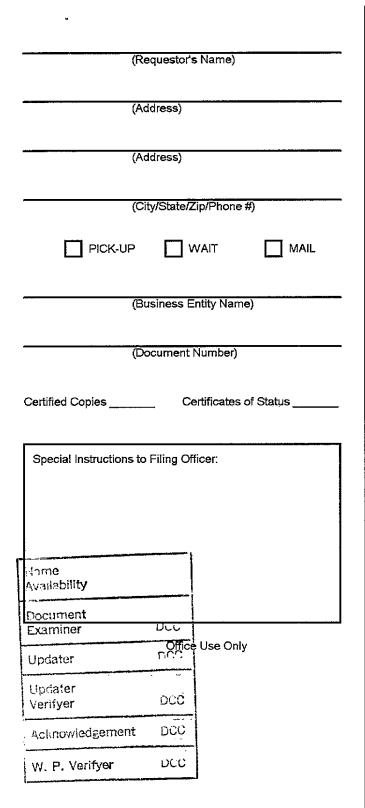
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# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Core Comm No	wohre.						
(Name of corporation - must include suffix)							
Dear Sir or Madam:							
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to r to transact business in Florida.							
Please return all correspondence concerning this matter	to the following:						
<u>Kim Powell</u>							
(Name of Person)							
ATX Communica	tions Inc.						
(Firm/Co	npany)						
2100 Revaissance 5. Vol							
King of Prussia PA 19406							
(City/State and Zip code)							
For further information concerning this matter, please call:							
(Name of Person) at (U10) 755-4000 (Area Code & Daytime Telephone Number)							
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314						
Enclosed is a check for the following amount:							
\$70.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee \& \Bigcup \\$87.50 Filing Fee, Certificate of Status \& Certified Copy \\							

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1.		Care Comm	Newco.	Inc.				
	words or abbre	oration; must include the water viations of like import in learning or partnership if not so cor	anguage as will clearly	indicate that it				
2.	(State or country	OE y under the law of which i	The law of which it is incorporated)  3. 13-4025763  (FEI number, if applicable)					
4.	(Da	1 - 9 98 te of incorporation)	5.	(Duration: Y	petual ear corp. will ce	ase to exist or	"perpetual	<u> </u>
6.	(Date first trans	acted business in Florida.	If corporation has not SECTIONS 607.1501	transacted busi	ness in Florida, 817,155, F.S.)	insert "upon o	qualificatio	n.")
7	2100	Renaissan Renaissan	(Principal office add	King of	Pruss	-	1940 A 194	606
	<u> </u>		(Current mailing add		V	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	<u></u>	
8. 9.		telephone (s) of corporation authorize		untry to be carr			Ptable P	FII SECRETAR O'VISION
	Name:	NRAI Services, Inc.	<del></del>	<del></del>	٠.,	ं इस	AH 9	ED OF SI
O	ffice Address:	526 E. Park Avenue		<del></del>	· # ====	=	္ဆ	AIE
		Tallahassee		, Florida	32301			S.
		(City)			(Zip code)			
10		agent's acceptance:			. Com the make wee	atatad		tha alasa

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc.

By: Om Bruil
(Registered agent's signature) TIMA BONOVICH, VP

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman: Barclay Knapp	
Address: 75 Broad St 2Th FIR	· · · · · · · · · · · · · · · · · · ·
New YORK NY 1000+	
Vice Chairman: Momas Gravina	<u></u>
Address: 2100 Renaissance Blud	
King of Prussia PA 19406	
Director: Michael Peterson	-
Address: 2100 Lenais sance Blud	
King of Prussia PA 19406	-
Director: NA	
Address:	
B. OFFICERS	ت ت
President: Teff Coursen	<b>A</b> 799
Address: 200 Renaissance Blud	FIAR FIAR
King of Prussia PA 19406	<b>3</b> 995
Vice President: Alex Khorram	3: 2 9: 3:
Address: 2100 Renaissance Blud	<b>3</b> 5 m
King of PRUSSIA PA 19406	· · · · · · · · · · · · · · · · · · ·
Secretary: Chris Holt	
Address: 75 Broad St 27th FIR NYNY 10004	
Treasurer: Neil Peritz	
	19406
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or	directors.
13	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the appliance of the Appliance of Chairman, Vice Chairman, or any officer listed in number 12 of the appliance of th	cation)
(Typed or printed name and capacity of person signing application)	

#### Addendum

#### Additional Officers of Corecomm Newco, Inc.

Christopher Michaels – Sr. VP 4660 S. Hagadorn Road, Suite 320 East Lansing, MI 48823

Christopher Burns – VP 4660 S. Hagadorn Road, Suite 320 East Lansing, MI 48823

Charles Jacobson – VP and Asst. Treasurer 2100 Renaissance Blvd. King of Prussia, PA 19406

PAGE 1

## Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CORECOMM NEWCO, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CORECOMM NEWCO, INC." WAS INCORPORATED ON THE NINTH DAY OF JANUARY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

DIVISION OF THE AM 9: 33



Warriet Smith Windson Secretary of State 50202

DATE: 02-24-04

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