FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F04000001461

1. Entity Name: CoreComm Newco, Inc.

FILED
05 JAN -3 AM 9:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2100 Renaissance Blvd.	2100 Renaissance Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: King of Prussia PA	City & State: King of Prussia PA
Zip: 19406 Country: USA	Zip: 19406 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 13-4025763 ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue

City: Tallahassee FL Zip Code: 32301

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required by law)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: President	
NAME: Jeff Coursen	
STREET ADDRESS: 2100 Renaissance Blvd	
CITY-ST-ZIP: KOPPA 19406	
TITLE: Vice President	
NAME: Alex Khorram	
STREET ADDRESS: 2100 Renaissance Blvd	
CITY-ST-ZIP: KOP PA 19406	
TITLE: SrVP & Treasurer	
NAME: Neil Peritz	
STREET ADDRESS: 2100 Renaissance Blvd	
CITY-ST-ZIP: KOPPA 19406	
TITLE: SrVP & Secretary	
NAME: Chris Holt	
STREET ADDRESS: 75 Broad St 27th Fl	
CITY-ST-ZIP: NY NY 10004	
TITLE: Director	
NAME: Barclay Knapp	
STREET ADDRESS: 110 E 59th St 26th Fl	
CITY-ST-ZIP: NY NY 10022	
TITLE: Director	
NAME: Thomas Gravina	
STREET ADDRESS: 2100 Renaissance Blvd	
CITY-ST-ZIP: KOPPA 19406	

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01/03/05--01014--019 **150.00

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 12-28-04 610 755-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #