

FP19000003687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

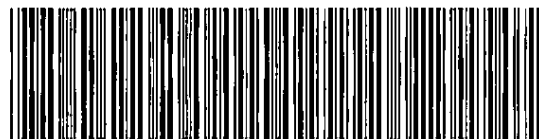
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

119000072648

Office Use Only



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19 AUG -7 PM 1:53

Y SCOTT

AUG 12 2019

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2019 AUG -7 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

**RESUBMIT**

Please give original  
submission date as file date.

August 8, 2019

CSC

SUBJECT: OMNI CABLE CORPORATION  
Ref. Number: W19000072648

We have received your document for OMNI CABLE CORPORATION and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$2600.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 219A00016295

19 AUG -9 4:10:43  
RECEIVED

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 873614 5022577

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 2678.75

ORDER DATE : August 7, 2019

ORDER TIME : 9:08 AM

ORDER NO. : 873614-010

CUSTOMER NO: 5022577

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TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: OMNI CABLE CORPORATION

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62969

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Omni Cable Corporation

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Martha Schwarz

Name of Person

Montgomery, McCracken, Walker & Rhoads, LLP

Firm/Company

1735 Market Street

Address

Philadelphia, PA 19103

City/State and Zip code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martha Schwarz

at (215) 772-7273

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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    ☐ \$78.75 Filing Fee & Certificate of Status    ☒ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Omni Cable Corporation  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania  
(State or country under the law of which it is incorporated)

3. 23-2110530  
(FEI number, if applicable)

4. 12/01/1978  
(Date of incorporation)

5. 05/02/2005  
(Date of duration, if other than perpetual)

6. (Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2 Hagerly Blvd, West Chester, PA 19382  
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

9. Registered agent's acceptance:

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.

Corporation Service Company  
By: Roxanne Turner  
(Registered agent's signature)

Roxanne Turner  
Asst. Vice President

10. 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.

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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: See attached officers/directors rider

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

**B. OFFICERS**

President: See attached officers/directors rider

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Stephen Glinski  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Stephen Glinski, Chief Financial Officer  
(Typed or printed name and capacity of person signing application)

## OFFICERS/DIRECTORS RIDER

### List of Officers

Name: Gregory Lampert ✓ Title: President  
Bus. Addr.: 2 Hagerty Blvd West Chester PA 19382  
Name: Gregory Donato ✓ Title: Secretary & COO  
Bus. Addr.: 2 Hagerty Blvd West Chester PA 19382  
Name: Stephen Gliniski ✓ Title: Treasurer & CFO  
Bus. Addr.: 2 Hagerty Blvd West Chester PA 19382  
Name: William J. Siegfried ✓ Title: Chief Executive Officer  
Bus. Addr.: 2 Hagerty Blvd West Chester PA 19382

Name: Gregory Lampert Title: President  
Res. Addr.: c/o 2 Hagerty Blvd West Chester PA 19382  
Name: Gregory Donato Title: Secretary & COO  
Res. Addr.: c/o 2 Hagerty Blvd West Chester PA 19382  
Name: Stephen Gliniski Title: Treasurer & CFO  
Res. Addr.: c/o 2 Hagerty Blvd West Chester PA 19382  
Name: William J. Siegfried Title: Chief Executive Officer  
Res. Addr.: c/o 2 Hagerty Blvd West Chester PA 19382

### List of Directors

Name: William J. Siegfried ✓ Term: Dec 31, 2022  
Bus. Addr.: 2 Hagerty Blvd West Chester PA 19382  
Name: Gregory Lampert ✓ Term: Dec 31, 2021  
Bus. Addr.: 2 Hagerty Blvd West Chester PA 19382  
Name: Dominic Pileggi ✓ Term: Dec 31, 2021  
Bus. Addr.: 2 Hagerty Blvd West Chester PA 19382  
Name: Drew Murphy ✓ Term: Dec 31, 2020  
Bus. Addr.: 2 Hagerty Blvd West Chester PA 19382  
Name: Gene Bruni Term: Dec 31, 2019  
Bus. Addr.: 2 Hagerty Blvd West Chester PA 19382  
Name: Steven Siegfried Term: Dec 31, 2022  
Bus. Addr.: 2 Hagerty Blvd West Chester PA 19382

Name: William J. Siegfried Term: Dec 31, 2022

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TALLAHASSEE, FLORIDA

Res. Addr.: c/o 2 Hagerty Blvd West Chester PA 19382

Name: Gregory Lampert Term: Dec 31, 2021

Res. Addr.: c/o 2 Hagerty Blvd West Chester PA 19382

Name: Dominic Pileggi Term: Dec 31, 2021

Res. Addr.: c/o 2 Hagerty Blvd West Chester PA 19382

Name: Drew Murphy Term: Dec 31, 2020

Res. Addr.: c/o 2 Hagerty Blvd West Chester PA 19382

Name: Gene Bruni Term: Dec 31, 2019

Res. Addr.: c/o 2 Hagerty Blvd West Chester PA 19382

Name: Steven Siegfried Term: Dec 31, 2022

Res. Addr.: c/o 2 Hagerty Blvd West Chester PA 19382

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

08/07/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

OMNI CABLE CORPORATION

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Kathly Bookman*

Acting Secretary of the Commonwealth

Certification Number: TSC190807110623-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

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TALLAHASSEE, FLORIDA