

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 PM 11:34

DOCUMENT # F94000000378 (9)

1. Corporation Name

MONARCH-NARRAGANSETT CABLE SYSTEMS, INC.

Principal Place of Business

**ONE MONARCH PLACE
SPRINGFIELD MA 01133**

Mailing Address

**ONE MONARCH PLACE
SPRINGFIELD MA 01133**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/25/1994

3a. Date of Last Report

3/4/94

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

04-2940764

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when resigning.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**C
WHITT, DAVID V
600 ATLANTIC AVENUE
BOSTON MA 02210**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☒ Change ☐ Addition

Resigned

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
MAJERUS, FRANCIS D
ONE MONARCH PLACE
SPRINGFIELD MA 01133**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition

**C
Majerus, Francis D.
One Monarch Place
Springfield, MA 01133**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
MEHLE, DAVID J
ONE MONARCH PLACE
SPRINGFIELD MA 01133**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☒ Change ☐ Addition

**P
Mehle, David J.
One Monarch Pl., Spfld, MA 01133**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
COULTON, JOHN S
ONE MONARCH PLACE
SPRINGFIELD MA 01133**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
HUMPHREY, LARRY M
ONE MONARCH PLACE
SPRINGFIELD MA 01133**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/09/95

(413)784-6764