FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

95 MAY 11 PM 11:05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F94000001029 (7)

1. Corporation Name

WHITE MOUNTAIN CABLE CONSTRUCTION CORP.

Principal Place of Business	Mailing Address
ROUTE 4, DOVER RD EPSOM NH 03234	P O BOX 459 EPSOM NH 03234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1994
3a. Date of Last Report:
4. FEI Number: 02-0403157 ☐ 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. Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21 / 22 Suite, Apt. # etc. / 23 City & State / 24 Zip / 25 Country

2a. Mailing Address — 26 / 27 Suite, Apt. # etc. / 28 City & State / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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 617.0502, 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

12. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	NOLIN, DENNIS
STREET ADDRESS	RT. 4, DOVER RD.
CITY-ST-ZIP	EPSOM NH 03234
TITLE	VD
NAME	POULIOTTE, DAVID
STREET ADDRESS	RT. 4, DOVER RD.
CITY-ST-ZIP	EPSOM NH 03234
TITLE	S
NAME	WATERS, EDMUND J
STREET ADDRESS	210 RUMFORD ST.
CITY-ST-ZIP	CONCORD NH 03302-2227
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition (blank)

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 119.07(1)(i), 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] 5/5/95

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

0483718 FN