

Document Number Only
F95000004809

CT CORPORATION SYSTEM
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, FL 32301 222-1092
City State Zip Phone

200001600962
10/05/95 --01061--017
*****70.00 *****70.00

CORPORATION(S) NAME

Cable Lease, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☒ Profit
☐ NonProfit
☐ Amendment
☐ Merge
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☐ Dissolution/Withdrawal
☐ Mark
☐ Limited Partnership
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☐ Other
☐ Reinstatement
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**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. CABLELEASE, INC.
(Name of corporation: must include the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. California

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

3. January 17, 1995

(Date of Incorporation)

4. Perpetual

(Duration)

5. 68-0347805

(Federal Employer Identification number, if applicable)

6. Upon Qualification

(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 2969 Prospect Park Drive, Rancho Cordova, California 95670
(Current mailing address)

8. Equipment Leasing

(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and street addresses of officers and or directors:

A. Directors:

Chairman: See attached list of directors

Address: _____

Vice Chairman: See attached list of directors

Address: _____

Director: See attached list of directors

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLOR

B. Officers:

President: See attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

Zip Code

11. 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.

Registered agent's signature: _____

George C. Romero C T Corporation System
(Officer)

~~Assistant Secretary~~
(Typed Name and Title of Officer)

12. 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.

13. Terry Kaufman
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Terry Kaufman Secretary

(Name and capacity of person signing application)

CABLELEASE, INC. STATUTORY OFFICERS AND DIRECTORS

Directors:

Andrew B. Beard

James C. Castle (Chairman)

Paul A. Hegarty

Terence M. Rooney

Officers:

James C. Castle, Chief Executive Officer

Terence M. Rooney, President

Paul A. Hegarty, Treasurer

Andrew B. Beard, Assistant Treasurer

Terry Kaufman, Secretary

Mary G. Jordan, Assistant Secretary

U.S. COMPUTER SERVICES
2969 Prospect Park Drive
Rancho Cordova, CA 95670

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SAN FRANCISCO
CALIFORNIA

State of California

SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, **BILL JONES**, Secretary of State of the State of California, hereby certify:

That on the 17th day of January

CABLELEASE, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office of financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this
27th day of September 1995



Bill Jones
BILL JONES
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000004809**

1. Corporation Name

CABLELEASE, INC.

Principal Place of Business

2969 PROSPECT PARK DR.
RANCHO CORDOVA CA 95670

Mailing Address

2969 PROSPECT PARK DR.
RANCHO CORDOVA CA 95670

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

68-0347805

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| CEO | CASTLE, JAMES C | 2969 PROSPECT PARK DR. | RANCHO CORDOVA CA 95670 |
| PD | ROONEY, TERRENCE M | 2969 PROSPECT PARK DR. | RANCHO CORDOVA CA 95670 |
| TD | HEGARTY, PAUL A | 2969 PROSPECT PARK DR. | RANCHO CORDOVA CA 95670 |
| TD | BEARD, ANDREW B | 2969 PROSPECT PARK DR. | RANCHO CORDOVA CA 95670 |
| S | KAUFMAN, TERRY | 2969 PROSPECT PARK DR. | RANCHO CORDOVA CA 95670 |
| S | JORDAN, MARY G | 2969 PROSPECT PARK DR. | RANCHO CORDOVA CA 95670 |

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

400001964314

10/03/96 01032-013

***375.00

10. I, being appointed the registered agent of the above named corporation, hereby accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

Date

9/30/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY KAUFMAN SECRETARY

Sept. 20, 1996

916/636-5833