

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003997 (0)

1. Corporation Name

NEXTLEVEL SYSTEMS, INC.



Principal Place of Business 8770 W. BYRN MAWR AVENUE CHICAGO IL 60631	Mailing Address 8770 W. BYRN MAWR AVENUE CHICAGO IL 60631
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1997

4. FEI Number

36-4134221

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

8770 W. BYRN MAWR AVENUE

27

Suite, Apt. #, etc.

28

CHICAGO, IL

29

Zip

60631-3515

Country

30

US

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V

BROWN, JOHN S
8770 WEST BRYN MAWR AVENUE
CHICAGO IL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P

DRENDEL, FRANK M
8770 WEST BRYN MAWR AVENUE
CHICAGO IL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S

MEYER, SUSAN M
8770 WEST BRYN MAWR AVENUE
CHICAGO IL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VT

SMITH, RICHARD C
8770 WEST BRYN MAWR AVENUE
CHICAGO IL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V

TUCKER, CLARK E
8770 WEST BRYN MAWR AVENUE
CHICAGO IL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V

ZAR, KEITH A
8770 WEST BRYN MAWR AVENUE
CHICAGO IL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

P/D

EDWARD D. BREEN
2200 BYBERRY ROAD
HATBORO, PA 19040

☐ Change ☒ Addition

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

D

☒ Change ☐ Addition

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

V

☒ Change ☐ Addition

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

V

☐ Change ☐ Addition

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

V

☐ Change ☒ Addition

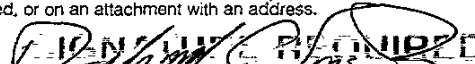
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

V/AS

☒ Change ☐ Addition

14. 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 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

1/30/98

(713) 695-1000

Date

Daytime Phone #

0504142

CR2E034 (10/97)