


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

FILED
Apr 07, 1999 8:00 am
Secretary of State


04-07-1999 90111 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000005739					
1. Corporation Name MEDIAONE ACQUISITION OF NORTHERN ILLINOIS, INC.					
Principal Place of Business 5613 DTC PKWY., STE 700 ENGLEWOOD CO 80111			Mailing Address 5613 DTC PKWY., STE 700 ENGLEWOOD CO 80111		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 188 Inverness Drive West		26 188 Inverness Drive West		10/14/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite #600		27 Suite #600		04-3270265	
City & State		City & State		Applied For	
23 Englewood, Colorado		28 Englewood, Colorado		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 80112 25		29 80112 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE P <input type="checkbox"/> DELETE			1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME PETERS, JANICE C			1.2 NAME		
STREET ADDRESS 188 INVERNESS DRIVE WEST STE 500			1.3 STREET ADDRESS		
CITY-ST-ZIP ENGLEWOOD CO			1.4 CITY-ST-ZIP 188 Inverness Drive West		
TITLE S <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME O'LEARY, SHARON A			2.2 NAME		
STREET ADDRESS 188 INVERNESS DRIVE WEST STE 500			2.3 STREET ADDRESS		
CITY-ST-ZIP ENGLEWOOD CO			2.4 CITY-ST-ZIP 80112		
TITLE AS <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME LINDSAY, SEAN C			3.2 NAME		
STREET ADDRESS 188 INVERNESS DRIVE WEST STE 500			3.3 STREET ADDRESS		
CITY-ST-ZIP ENGLEWOOD CO			3.4 CITY-ST-ZIP 80112		
TITLE VT <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME KIKES, ROBERT P			4.2 NAME		
STREET ADDRESS 188 INVERNESS DRIVE WEST STE 500			4.3 STREET ADDRESS		
CITY-ST-ZIP ENGLEWOOD CO			4.4 CITY-ST-ZIP 80112		
TITLE V <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME EICHLER, FRANK M			5.2 NAME		
STREET ADDRESS 188 INVERNESS DRIVE WEST STE 500			5.3 STREET ADDRESS		
CITY-ST-ZIP ENGLEWOOD CO			5.4 CITY-ST-ZIP 80112		
TITLE V <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME COOPER, RONALD H			6.2 NAME		
STREET ADDRESS 188 INVERNESS DRIVE WEST STE 500			6.3 STREET ADDRESS		
CITY-ST-ZIP ENGLEWOOD CO			6.4 CITY-ST-ZIP 80112		

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, with all other like empowered.

SIGNATURE:

 KAREN M. WALTER 3/25/99 303-858-3619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)