

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90199 038 ***150.00

DOCUMENT # F98000005740

1. Entity Name
COMCAST OF ILLINOIS VI, INC.



Principal Place of Business

188 INVERNESS DR W
STE 600
ENGLEWOOD, CO 80112 US

Mailing Address

P O BOX 5630
DENVER, CO 80217-5630 US

24068459



2. Principal Place of Business
1500 MARKET ST

Suite, Apt. #, etc.

3. Mailing Address
1500 MARKET ST

Suite, Apt. #, etc.

04202004

Chg-P

CR2E034 (10/03)

City & State
PHILADELPHIA PA

Zip
19102

Country
US

City & State
PHILADELPHIA PA

Zip
19102

Country
US

4. FEI Number
06-1008628

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COOPER, RON	
STREET ADDRESS	188 INVERNESS DR W	
CITY-ST-ZIP	ENGLEWOOD, CO 80112	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DWYER, EDWARD M	
STREET ADDRESS	295 NORTH MAPLE AVENUE	
CITY-ST-ZIP	BASKING RIDGE, NJ 07920	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	SHANK, JOHN L	
STREET ADDRESS	188 INVERNESS DRIVE WEST	
CITY-ST-ZIP	ENGLEWOOD, CO 80112	
TITLE	S/V	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, RICK D	
STREET ADDRESS	188 INVERNESS DRIVE WEST	
CITY-ST-ZIP	ENGLEWOOD, CO 80112	
TITLE	V/A	<input checked="" type="checkbox"/> Delete
NAME	HUSEBY, MICHAEL P	
STREET ADDRESS	188 INVERNESS DRIVE WEST	
CITY-ST-ZIP	ENGLEWOOD, CO 80112	
TITLE	P	<input type="checkbox"/> Delete
NAME	BURKE, STEPHEN B	
STREET ADDRESS	1500 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA, PA 19102	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BACKSTROM, C. STEPHEN	
STREET ADDRESS	1500 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR R. BLOCK	
STREET ADDRESS	1500 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA, PA 19102	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN R. ALCHIN	
STREET ADDRESS	1500 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA, PA 19102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

C. S. Backstrom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. STEPHEN BACKSTROM

Date

4/27/04

215-981-7557
Daytime Phone #