FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K06726** **(9)**

1. Corporation Name
MERCOM OF FLORIDA, INC.

Principal Place of Business	Mailing Address
46 PUBLIC SQUARE POST OFFICE BOX 3000 WILKS-BARRE PA 18703	46 PUBLIC SQUARE POST OFFICE BOX 3000 WILKS-BARRE PA 18703

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/09/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 105 Carnegie Center	26 105 Carnegie Center
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Princeton, N.J. 08540	City & State 28 Princeton, N.J. 08540
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 31-1232693 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	C	☒ Change ☐ Addition
NAME	MCCOURT, DAVID C	12 NAME		
STREET ADDRESS	46 PUBLIC SQUARE	13 STREET ADDRESS	105 Carnegie Center	
CITY-ST-ZIP	WILKES-BARRE PA	14 CITY-ST-ZIP	Princeton, N.J. 08540	
TITLE	DV	21 TITLE	D/P	☒ Change ☐ Addition
NAME	MAHONEY, MICHAEL J.	22 NAME		
STREET ADDRESS	46 PUBLIC SQUARE	23 STREET ADDRESS	105 Carnegie Center	
CITY-ST-ZIP	WILKES-BARRE PA	24 CITY-ST-ZIP	Princeton, N.J. 08540	
TITLE	V	31 TITLE		☒ Change ☐ Addition
NAME	HAVERKATE, MARK	32 NAME		
STREET ADDRESS	46 PUBLIC SQUARE	33 STREET ADDRESS	105 Carnegie Center	
CITY-ST-ZIP	WILKES-BARRE PA	34 CITY-ST-ZIP	Princeton, N.J. 08540	
TITLE	V	41 TITLE	V	☒ Change ☐ Addition
NAME	MENAPACE, JOHN J	42 NAME	Bruce Godfrey	
STREET ADDRESS	46 PUBLIC SQUARE	43 STREET ADDRESS	105 Carnegie Center	
CITY-ST-ZIP	WILKES-BARRE PA	44 CITY-ST-ZIP	Princeton, N.J. 08540	
TITLE	V	51 TITLE	S	☒ Change ☐ Addition
NAME	TROOP, ROBIN R	52 NAME	John Filipowicz	
STREET ADDRESS	46 PUBLIC SQUARE	53 STREET ADDRESS	105 Carnegie Center	
CITY-ST-ZIP	WILKES-BARRE PA	54 CITY-ST-ZIP	Princeton, N.J. 08540	
TITLE	SV	61 TITLE	D/V	☒ Change ☐ Addition
NAME	OSTROSKI, RYMOND B.	62 NAME		
STREET ADDRESS	46 PUBLIC SQUARE	63 STREET ADDRESS	105 Carnegie Center	
CITY-ST-ZIP	WILKES-BARRE PA	64 CITY-ST-ZIP	Princeton, N.J. 08540	

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(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: _____ Bruce Godfrey 4-5-95 (609) 734-3802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04A6372 FN