


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

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Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90012 015 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P04443</b>					
1. Corporation Name <b>L-R CABLE, INC. Côm South, Inc. (Formerly L-R Cable, Inc.)</b>					
Principal Place of Business <b>1500 MARKET STREET 36TH FLOOR PHILADELPHIA PA 19102-2148 US</b>			Mailing Address <b>1500 MARKET STREET 36TH FLOOR PHILADELPHIA PA 19102-2148 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/21/1984</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>31-1063219</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		25		29	
26		27		30	
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input checked="" type="checkbox"/> DELETE					
1.2 NAME <b>BAXTER, THOMAS G.</b>					
1.3 STREET ADDRESS <b>1500 MARKET STREET</b>					
1.4 CITY-ST-ZIP <b>PHILADELPHIA PA</b>					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME <b>BACKSTROM, C. STEPHEN</b>					
2.3 STREET ADDRESS <b>1500 MARKET STREET</b>					
2.4 CITY-ST-ZIP <b>PHILADELPHIA PA</b>					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME <b>SMITH, LAWRENCE S.</b>					
3.3 STREET ADDRESS <b>1500 MARKET STREET</b>					
3.4 CITY-ST-ZIP <b>PHILADELPHIA PA</b>					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME <b>WANG, STANLEY</b>					
4.3 STREET ADDRESS <b>1500 MARKET STANLEY</b>					
4.4 CITY-ST-ZIP <b>PHILADELPHIA PA</b>					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME <b>ALCHIN, JOHN</b>					
5.3 STREET ADDRESS <b>1500 MARKET STREET</b>					
5.4 CITY-ST-ZIP <b>PHILADELPHIA PA</b>					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME <b>ROBERTS, RALPH</b>					
6.3 STREET ADDRESS <b>1500 MARKET STREET</b>					
6.4 CITY-ST-ZIP <b>PHILADELPHIA PA</b>					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**REQUIRED?** Stephen Backstrom

Date

Daytime Phone #

3/25/99 215-981-7557

CR2E034 (1/98)