

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90247 015 ***150.00

DOCUMENT # P04443

*NO NAME
 C/AE HAM*

1. Entity Name
L-R CABLE, INC. (Com South, Inc formerly L-R Cable, Inc.) ✓

C0067636



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1500 MARKET STREET 36TH FLOOR PHILADELPHIA PA 19102-2148 US		Mailing Address 1500 MARKET STREET 36TH FLOOR PHILADELPHIA PA 19102-2148 US		4. FEI Number 31-1063219		Applied For Not Applicable	
2. Principal Place of Business		3. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FREE NOW!! FEE IS \$150.00 ANYWAY, 2001 Fee will be \$150.00 Please Check Payment to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, STEPHEN B		NAME		
STREET ADDRESS	1500 MARKET STREET		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACKSTROM, C. STEPHEN		NAME		
STREET ADDRESS	1500 MARKET STREET		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LAWRENCE S.		NAME	Smith, Lawrence S.	
STREET ADDRESS	1500 MARKET STREET		STREET ADDRESS	1500 Market St.	
CITY-ST-ZIP	PHILADELPHIA PA		CITY-ST-ZIP	Philadelphia, Pa 19102-2148	
TITLE	S	<input type="checkbox"/> Delete	TITLE	V/D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANG, STANLEY		NAME	Wang, Stanley	
STREET ADDRESS	1500 MARKET STANLEY		STREET ADDRESS	1500 Market St.	
CITY-ST-ZIP	PHILADELPHIA PA		CITY-ST-ZIP	Philadelphia, Pa 19102-2148	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCHIN, JOHN		NAME	Alchin, John	
STREET ADDRESS	1500 MARKET STREET		STREET ADDRESS	500 Market St.	
CITY-ST-ZIP	PHILADELPHIA PA		CITY-ST-ZIP	Philadelphia, Pa 19102-2148	
TITLE	D	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, RALPH		NAME	Roberts, Ralph	
STREET ADDRESS	1500 MARKET STREET		STREET ADDRESS	1500 Market St.	
CITY-ST-ZIP	PHILADELPHIA PA		CITY-ST-ZIP	Philadelphia, Pa 19102-2148	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *C. Stephen Backstrom* C. Stephen Backstrom 4/20/01 215 981-7557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)