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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P09839 (2)

1. Corporation Name

WARNER CABLE COMMUNICATIONS INC.

Principal Place of Business

75 ROCKFELLER PLAZA
C/O MARIE N. WHITE
NEW YORK NY 10019
US

Mailing Address

C/O TWC TAX DEPT
P O BOX 6700
ENGLEWOOD CO 80155-6700
US

3. Date Incorporated or Qualified

04/21/1986

3a. Date of Last Report

03/19/1996

2. Principal Place of Business

2a. Mailing Address

1 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

2 City & State

27 City & State

Zip

Country

Zip

Country

25

29

30

4. FEI Number

13-3134949

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

8. 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
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 ☐ DELETE

NAME PD
LEVIN, GERALD M.
STREET ADDRESS 75 ROCKFELLER PLAZA
CITY, ST, ZIP NEW YORK NY 10019

TITLE ☐ DELETE

NAME VD
HAJE, PETER R
STREET ADDRESS 75 ROCKFELLER PLZ
CITY, ST, ZIP NEW YORK NY 10019

TITLE ☐ DELETE

NAME V
HAYS, SPENCER B.
STREET ADDRESS 75 ROCKFELLER PLAZA
CITY, ST, ZIP NEW YORK NY

TITLE ☐ DELETE

NAME V
PETTY, RICHARD M.
STREET ADDRESS 300 FIRST STAMFORD PLACE
CITY, ST, ZIP STAMFORD CT 06902

TITLE ☐ DELETE

NAME AS
WHITE, MARIE
STREET ADDRESS 75 ROCKFELLER PLZ
CITY, ST, ZIP NEW YORK NY

TITLE ☐ DELETE

NAME T
ARMOUR, DONALD
STREET ADDRESS 300 1ST STAMFORD PL
CITY, ST, ZIP STAMFORD CT

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do 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.

SIGNATURE:

Marie N. White

Marie N. White

4/15/97 (212) 484-7596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #