

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

FILED  
Feb 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P20851 (2)  
1. Corporation Name  
COMCAST SCH HOLDINGS, INC.

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 09/12/1988	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 31-1036008	Applied For Not Applicable
23 Zip	25 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code
			FL	

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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAXTER, THOMAS G	1.2 NAME	
STREET ADDRESS	1500 MARKET STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19102	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACKSTROM, STEPHEN C	2.2 NAME	
STREET ADDRESS	1500 MARKET STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19102	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LAWRENCE S	3.2 NAME	
STREET ADDRESS	1500 MARKET STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19102	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANG, STANLEY	4.2 NAME	
STREET ADDRESS	1500 MARKET STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19102	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCHIN, JOHN	5.2 NAME	
STREET ADDRESS	1500 MARKET STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19102	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, RALPH	6.2 NAME	
STREET ADDRESS	1500 MARKET STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19102	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  Stephen Backstrom, Vice President 215-981-7557

CR2E034 (10/97)