

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90044 043 \*\*\*150.00

0056947 AT

DOCUMENT # **P37277**

1. Entity Name

**COMCAST OF THE GULF PLAINS, INC.**

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Principal Place of Business  
**188 INVERNESS DR. W.**  
**ENGLEWOOD CO 80112**  
**US**

Mailing Address  
**PO BOX 5630**  
**TAX DEPT**  
**DENVER CO 80217**  
**US**

2. Principal Place of Business

**1500 MARKET ST.**

Suite, Apt. #, etc.

3. Mailing Address

**1500 MARKET ST.**

Suite, Apt. #, etc.

City & State

**PHILADELPHIA PA**

City & State

**PHILADELPHIA PA**

Zip

**19102-2148**

Country

**USA**

Zip

**19102-2148**

Country

**USA**

4. FEI Number

**59-2638402**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
-Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**C/O CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD.**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COOPER, RON</b>	
STREET ADDRESS	<b>188 INVERNESS DR. W.</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO 80112</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAILEY, RICK D</b>	
STREET ADDRESS	<b>188 INVERNESS DR. W.</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO 80112</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DWYER, EDWARD M</b>	
STREET ADDRESS	<b>188 INVERNESS DR. W.</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO 80112</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHLEYER, WILLIAM T</b>	
STREET ADDRESS	<b>188 INVERNESS DR. W.</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO 80112</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HUSEBY, MICHAEL P</b>	
STREET ADDRESS	<b>188 INVERNESS DR W</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO 80112</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SHANK, JOHN L</b>	
STREET ADDRESS	<b>188 INVERNESS DR. W.</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO 80112</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEPHEN B. BURKE</b>	
STREET ADDRESS	<b>1500 MARKET ST.</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19102-2148</b>	
TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>C. STEPHEN BACKSTROM</b>	
STREET ADDRESS	<b>1500 MARKET ST.</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19102-2148</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ARTHUR R. BLOCK</b>	
STREET ADDRESS	<b>1500 MARKET ST.</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19102-2148</b>	
TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHN R. ALCHIN</b>	
STREET ADDRESS	<b>1500 MARKET ST.</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19102-2148</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ARTHUR R. BLOCK</b>	
STREET ADDRESS	<b>1500 MARKET ST.</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19102-2148</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LAWRENCE S. SMITH</b>	
STREET ADDRESS	<b>1500 MARKET ST.</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19102-2148</b>	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED** **STEPHEN BACKSTROM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**215-981-7557**

CR2E034 (10/02)