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FILED
Jan 30 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 # **P96000017378 (6)**

1. Corporation Name

CCH ALABAMA I, INC.

NAME CHANGED TO:
CCH ULSTER I, INC.

n/c 1/7/98

Principal Place of Business

**4243 NORTHLAKE BLVD STE D
PALM BEACH GARDENS FL 33410**

Mailing Address

**4243 NORTHLAKE BLVD STE D
PALM BEACH GARDENS FL 33410**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1996

4. FEI Number

65-0663756

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**BAROT, DILIP
4243 NORTHLAKE BLVD STE D
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

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 resigning)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BAROT, DILIP	
STREET ADDRESS	4243 NORTHLAKE BLVD STE D	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

TITLE	SVP	<input type="checkbox"/> DELETE
NAME	WEIR, JOHN F	
STREET ADDRESS	4243 NORTHLAKE BLVD STE D	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	WHEAT, TIMOTHY P	
STREET ADDRESS	4243 NORTHLAKE BLVD STE D	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

TITLE	S	<input type="checkbox"/> DELETE
NAME	LANCZI, ANITRA D	
STREET ADDRESS	4243 NORTHLAKE BLVD STE D	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, BRUCE W	
STREET ADDRESS	4243 NORTHLAKE BLVD STE D	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Barot, Dilip	
1.3 STREET ADDRESS	4243-D Northlake Blvd.	
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: *A. J. D. L. S. Anitra D. Lancia 1/13/98*

CR2E034 (10/97)