

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

rung reriou: January 1 -	March I 🛡 🕒 Fili	ng Fee: \$50.00					
(FORM MUST BE TYPED IN B							
1. Corporate ID No. 106390	2. Name of Corpora	lion		······································			
	Prince Cable						
3. Sireel Address Principal Busin 34 Blevins Drive	ness Office		City	State	Zip		
4. Business Phone No.	Suite 5	·	New Castle	DE	19720		
302-324-1800		5. State of Incorpora	atio n		6. SIC Code		
		Delaware					
7. Brief Description of the Chard Provide labor and co	ncier of Business Condu	cted in Rhode Island	elecommunications indu				
8. NAMES AND ADDRESS 1 President Name	ses of the offic	CERS ("X" BOX FOR	ATTACHMENT) FILL IN SPA	CES BEFORE USING ATTAC	IIMENTS		
J. Greg Driscoll			Vice President Name	, , , , . ,			
Street Address		·	Street Address				
'764 Beversrede Tra	111		Street Madritys				
City	State	Zip	City				
West Chester	PA ·	19382	• City	State	Zip		
Secretary Name	••••••		Treasurer Name		·		
Theodore P. Heinin	ger		Theodore P.Heini	inger			
Street Address			Street Address				
20 Hollybrook Road			:20 Hollybrook Ro	oad			
.City	State	Zip	City	State	Zip		
Mullica Hill	NJ	08062	Mullica Hill	NJ	108062		
9. NAMES AND ADDRESS	ES OF THE DIREC	TORS ("X" BOX FO	RATTACHMENT) FILL IN S	PACES BEFORE USING ATTA	CHMENTS		
1			Director Name				
John Schaefer			John Kuhn	John Kuhn			
Street Address			· Street Address		 		
'5 Hog Island Road			37 Niven Lane				
City	State	Zip	·City	State	Zip		
Philadelphia Director Name	JPA	19153	Landenberg	PA	19350		
Linda DeJure			Director Name	••••••	·······		
Street Address			•	<u></u>			
718 Arch Street	•		· Sircet Address				
City	State	Zip	City		·r-		
Philadelphia	PA	19106	•	State	ZIp		
10. SHARES AUTHORIZE	D C'X" BOX FOR AT		11 COADEC ICCIPED AVA		<u> </u>		
AUTHORIZED SHARES			ISSUED SHARES	BOX FOR ATTACHMENT)	الم <u>انية بالمانية المانية المان</u>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
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This report must be signed	in ink by either i	he President, Vice	President, Secretary, Assist	ant Secretary, Treasurer	Receiver or Trustee		
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AL JEAN COME CHAS	HARD LETTE BOT						
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1 0 6 3			11.1.				
—···-			this proof including a	ry, I declare and affirm that I my accompanying schedules a	have examined		
FILED	·	٦	and that all Statements	contained herein are true and	ina statements,		
9 1666				4/ 1	1 /		
FileDote —APR $\cdot 2~9~$ 2(005 - 719- 2	· A	Le do M	Elen _	2/14/05		
$\frac{1}{\sqrt{1}}$			Signature of Officer	Date	9/10/0		
Check No. By		1	Theodore	P. Homina	· /		
B _Y :			Print or Type Name of O	lficer /	<u> </u>		
	ISE OVEY		(FC)	·			
FOR SECRETARY OF STATE USE ONLY			Title of Officer		Form 630 12/01		



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ 2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 106390 Prince Cable, Inc. 3. Street Address Principal Business Offic DELAWARE 6676 7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDING LABOR, ENGINEERING AND CONSTRUCTION SERVICES TOTHE CABLE TELECOMMUNICATIONS INDUSTRY. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Street Address THE DIRECTORS: Director Name Street Address City State Ζip SHARES AUTHORIZED ("X" BOX FOR ATTACHMEN 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 100 COMM NO PAR VALUE Cammon This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date

Check No. MAY 0 9 2004

By: By GAA

FOR SECRETARY OF STATE USE ONLY

** *	
Under penalty of perjury, I declare and aff including any accompanying schedules an	irm that I have examined this report distancements, and that all statements.
contained berein are true and correct.	2/19/04
Signature of Officer / Heinir	Date 19 PF
Print or Type Name of Officer	
<u>(170</u>	
Title of Officer	



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID No.	2. Name of Corporation				
106390	Prince Cable, I	nc.			
3. Street Address Principal Business		_	City	State	Zip
1. Rusiness Phone No.	br. buite		Newlaste	DE	10030
30A-BA4-180	DD	5. State of Incorporation DELAWARE			6. SIC Code
Brief Description of the Character	of Business Conducted in Ri	hode Island			6676
Cable ti +1	lodem In	ortallatic	\mathcal{D}		
B. NAMES AND ADDRESS	SES OF THE OFFICE	RS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BE	FORE USING ATTACHM	IENTS
John Huhr	`		Vice President Name		
treet Address	•		Street Address		
39 Niven L	ane		סוובנו אממוניסו		
City As = 5 = =	State	2.10	City	State	Zip
eccetary Name	PA	1435			•
(1)	المربوء مح		Treasurer Name		•
treet Address	uninger		Street Address		
80 Hollybra	DK Roac	J	20111 7480633		
الألماء الديد	State	Zip	City	State	Zip
NAMES AND ADDRESS	N L	COORO			
. NAMES AND ADDRESS trector Name	E2 OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES 1 Director Name	BEFORE USING ATTACH	IMENTS
John Scha	efer		John Hoh	\sim	
reel Address	, V		Street Address		
DOD II but et is		nter 59, West	37 Niver	LANE	
This do latin	- PA	Zip U	Eur - y - y -	State	Zip
itector Name	- 771	19105	Director Name	, PH	14350
ringa pegi	-97C		Sittle Name	J	
reet Address	(-) () A- ()	\	Street Address		
ter content	1) case, to	Duter 201000	•		
hip do lotio	$\mathcal{Q}^{\mathcal{O}^{\mathcal{C}}}$	Zip	City	State	Zip
). SHARES AUTHORIZED	-	MENT)	11 SHADES ISSUED (ave	20× 502	
THORIZED SHARES			11. SHARES ISSUED (*x*)	BUX FUR ATTACHMENT)	
imber of Shares \ \OO	Class/Series	Par Value \	Number of Shares \OO	Class/Series	Par Value
100 COMM NO PAR VALUE			_		<u> </u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 1 0 6 3 9 0 *
Flle Date:	3303
Check No.:	SISIO
	LUP
OR SECRETA	RY OF STATE USE ONLY

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Under penalty	of perjury, I declare and af	ffirm that I have examine	đ
this report, incl	luding any accompanying :	schedules and statements	. and
that all state no	nts contained herein are to	rue and correct.	
4	D.//.		
_late	1.5 Shun	- 2/25/05	2 ر
Signature of Officer		Date	-
theod	To House		

Print or Type Name of Officer Title of Officer ا ندهے FARR 630 12/02



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT	CORPORATION	ANNHAL DI	CDADT	$E \cap D$	THE	VEAD	2002
Cilia na na sa	l. lanuary T-March 1	MINIOAL KI	Croki	rok	Int	YŁAK	ZUUZ
riiing rerioa	l' lanuary l'a March 1 🔺	Elling Part CEA AA					



riing rerioa: janua	iry 1-march 1 • i	Filing Fee: \$50,00			<u> </u>	INSTRUCT
FORM MUST BE TYPED IN I	BLACK)					INSTRUCT
1. Corporate ID No.	2. Name of Corporation	n				\
105390	Prince Cable,	inc.				
3. Street Address Principal Busin			City	•	State	Zip
34 Blevins	Drive, Suit	z 5	New	Castle	DE	19720
4. Business Pliane No.		5. State of Incorporation	• •		- •	6 SIC Code
(302) 324-		DELAWARE				6676
7. Brief Description of the Charo	cter of Business Conducted in 1	Rhode Island				
<u>Cable te</u>	levision in	stallation	•			
8. NAMES AND ADDR	ESSES OF THE OFFIC	ERS ("X" BOX FOR ATTACE	IMENT) FIL	L IN SPACES BE	FORE USING ATT	ACHMENTS
President Name			Vice Presiden		ONE COMO ALL	ACHABATS
John Nuh	n		Day	rid Kini	rex	
Street Address			Street Address			
37 Nivin La	ine		92	Rosedale	Drive	
1''y \ L	State	Zip 100 = a	City	, ======	State	ZIρ
Lander berg	PA	19350	: Pitts	59rove	NJ	08318
Secretary Name	11		Treasurer Nan	n()	•	
1 heodore	Hennger		John	n Schae	.ter	
A a l l l l	LR 1		Street Address		1	
TO HOLLADIA	ook Koad		817	Hunt K	oad	
"M Liza Liza	11 State N	Zip	City	_	State	Zip
MINCH FIL	טאָ װ	08062	Newto	own Squar	n PA	19073
D. NAMES AND ADDRE	ESSES OF THE DIREC	TORS (*x* box for atta	CHMENT) F	ILL IN SPACES E	EFORE USING AT	TACHMENTS
John Scha	<u> </u>		Olrector Name	•		
TUTIO JOHA	.eter					
	Road		Street Address			
817 Hunt F	100.0-	91.				
Newstown S.	\mathcal{L}_{Δ}	2ip 19072	City		State	Zip
Pirector Name	JC 17	19073				
🗸			Director Name			

City

Street Address

State

Zip

City

State

ZIp

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

100 COMM NO PAR VALUE

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ESSUFA) SHARES

Street Address

Number of Shares

Class/Series

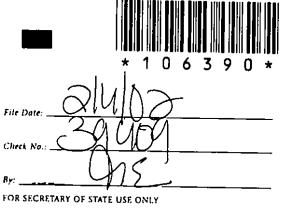
Par Value

100

Common

£ 0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

that all statements contained herein are true and correct.

Print of Type Name of Officer

President

Title of Officer



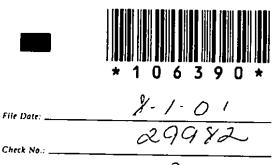
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP PLEASE READ INSTRUCTIONS

Filing Period: January	1-March 1 • F	lling Fee: \$50.00	ORI FOR THE	YEAR _2001	PLEASE RI
(FORM MUST BE TYPED IN BLAC					ANSTRUCT
1. Corporate ID No. 106390	2. Name of Corporation Prince Cab	le, Inc.			
3. Street Address Principal Business (· · · · · · · · · · · · · · · · · ·	City	State	Zip
34 BIEVINS	DRNE - S		New Castle	DE	19720
(302) 324-1	1800	5. State of Incorporation DELAWARE			6. SIC Code 6676
7. Brief Description of the Character	of Business Conducted in R	hode Island	,		
CADIE T	ELEVISION	Install	LotA		
8. NAMES AND ADDRESS President Name	ES OF THE OFFICE	ERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BE	FORE USING ATTACHM	ENTS
JOHN K	uhn		John So	har fer	
37 NIVIN LA	١		Street Address		
City	State	Zip	817 Hunt Ro	s A d	•••
MULENBERG	PA	19350	NEWTOWN SqUAR	ε ^{3,,,,} , ΡΑ	19073
JONATHAN Z	Z . 44 lo 4 l		Treasurer Name	_	1 1
itreet Address	•	7 /	JOHN Scha	ieter	
	Circle		717 Hunt	Road	
Bala Cynwyd	State PA	19004	NEW TOWN SQUARE	> State PA	21p
9. NAMES AND ADDRÉSS		TORS ("X" BOX FOR ATTAC		EFORE USING ATTACH	MENTS
John Sc	bicto		Director Name		
treet Address , , ,	. ~		Street Address		
817 Hunt					
ENTOWN Square	State	19073	City	State	Zip
Director Name	1/1	11013	Director Name		
treet Address					
			Street Address		
Tity	State	Zip	City	State	Zip
O. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			11. SHARES ISSUED (*X* E	OX FOR ATTACHMENT)	
UTHORIZED SHARES 'umber of Shares	Classification		ISSUEL) SHARES		
100 COMM NO PAR V	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
TOO COME NO PAR Y	ALUE		100	Common	₩,01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare an	d affirm that I have examined
this report, including any accompany	ing schedules and statements, and
that all statements contained herein a	re true and correct.
	6/14/01
Signature of Officer	Date
John Kuhn	_
Print or Type Name of Officer President	-
	
Title of Officer	· · · · · · · · · · · · · · · · · · ·

AND PROVIDENCE PLANTATIONS Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 106390 DELAWARE isinesy Conducted in Rhode Island ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS City City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address City State Zip City Zio Director Name Director Name Street Address Street Address State ZIp City State Zio 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Number of Shares Class/Series Par Value 100 COMM NO PAR VALUE 100 Common וסי

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	3/9/00		
riie Date:	_		
Check No.:	8906		
Ву:	Q:	_	
FOR SECRETARY OF STATE USE ONLY			

Under penalty of perjury, I declare a	and affirm that I have examined
this report, including any accompan	nying schedules and statements, and
That all statements contained herein	are true and correct.
& Jake	2/1/00
Signature of Officen 1/	Date
Sohnluhn	
Print by Type Name of Officef	
President	•
Title of Officer	