

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F29733

(5)

1. Corporation Name

CABLE SENTRY CORPORATION

Principal Place of Business

360 SOUTH MONROE STREET  
SUITE 600  
DENVER CO 80209

Mailing Address

360 SOUTH MONROE STREET  
SUITE 600  
DENVER CO 80209

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/29/1981

3a. Date of Last Report

06/21/1994

4. FEI Number

59-2114470

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

6. This corporation has liability for intangible tax under S. 119.032,  
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~DPT~~ PLEASE SEE ATTACHED  
NAME ~~RIFKIN, MONROE~~  
STREET ADDRESS ~~360 S. MONROE STREET~~  
CITY - ST - ZIP ~~DENVER, CO 80209~~

TITLE ~~VAS~~  
NAME ~~MORRIS, CHARLES R. III~~  
STREET ADDRESS ~~360 S MONROE ST. STE 600~~  
CITY - ST - ZIP ~~DENVER, CO 00000~~

TITLE ~~V~~  
NAME ~~TRAVIS, JUNE~~  
STREET ADDRESS ~~600 S MONROE ST.~~  
CITY - ST - ZIP ~~DENVER CO~~

TITLE ~~AS~~  
NAME ~~MAUN, LUCILLE A.~~  
STREET ADDRESS ~~360 S. MONROE ST~~  
CITY - ST - ZIP ~~DENVER CO~~

TITLE ~~VAT~~  
NAME ~~WAGNER, DALE D~~  
STREET ADDRESS ~~600 S. MONROE ST~~  
CITY - ST - ZIP ~~DENVER CO~~

TITLE ~~AS~~  
NAME ~~SELTZER, ROGER~~  
STREET ADDRESS ~~600 S. MONROE ST~~  
CITY - ST - ZIP ~~DENVER CO~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition  
12 NAME ~~DEANIS, JEFFREY D.~~  
13 STREET ADDRESS ~~360 S. MONROE STREET~~  
14 CITY - ST - ZIP ~~DENVER, CO 80209~~

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

*Michael J. Rigas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Rigas, Vice President

4/21/95

Date

(814) 274-9830

Daytime Phone #

F29733

12.

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
JOHN J. RIGAS  
5 WEST THIRD STREET  
COUDERSPORT, PA 16915

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DVP  
MICHAEL J. RIGAS  
5 WEST THIRD STREET  
COUDERSPORT PA 16915

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DVPT  
TIMOTHY J. RIGAS  
5 WEST THIRD STREET  
COUDERSPORT PA 16915

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DVP  
JAMES P. RIGAS  
5 WEST THIRD STREET  
COUDERSPORT PA 16915

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DVPS  
DANIEL R. MILLIARD  
5 WEST THIRD STREET  
COUDERSPORT PA 16915

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VPAS  
RANDALL D. FISHER  
5 WEST THIRD STREET  
COUDERSPORT, PA 16915

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

AS  
COLIN HIGGIN  
5 WEST THIRD STREET  
COUDERSPORT PA 16915