

1.) CORPORATION NAME:

**CoreComm Communications, Inc.**

DUE DATE: **10/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1559030**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1018 WEST 9TH AVE.

CITY/ST/ZIP: KING OF PRUSSIA, PA 19406

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	MICHAEL K ROBINSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	800 WESTCHESTER AVE STE N501 RYE BROOK, NY 10573		
CITY/ST/ZIP/CO:			
NAME:	COREY RINKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	800 WESTCHESTER AVE STE N501 RYE BROOK, NY 10573		
CITY/ST/ZIP/CO:			
NAME:	CHARLES C HUNTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	800 WESTCHESTER AVE STE N501 RYE BROOK, NY 10573		
CITY/ST/ZIP/CO:			
NAME:	JEFFREY A. BRODSKY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	800 WESTCHESTER AVE STE N501 RYE BROOK, NY 10573		
CITY/ST/ZIP/CO:			
NAME:	ANTHONY M. ABATE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 WESTCHESTER AVE. STE N501 RYE BROOK, NY 10573		
CITY/ST/ZIP/CO:			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN R. BRECKER DIRECTOR 800 WESTCHESTER AVE. STE N501 RYE BROOK, NY 10573	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES N. CHAPMAN DIRECTOR 800 WESTCHESTER AVE. STE N501 RYE BROOK, NY 10573	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES V. CONTINENZA DIRECTOR 800 WESTCHESTER AVE STE N501 RYE BROOK, NY 10573	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD J. SANTAGATI DIRECTOR 800 WESTCHESTER AVE. STE N501 RYE BROOK, NY 10573	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CHARLES C HUNTER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLES C HUNTER, SECRETARY PRINTED NAME AND CORPORATE TITLE	10/17/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			