

**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 APR 26 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P08647** (0)  
1. Corporation Name  
**GENERAL CABLE INDUSTRIES, INC.**

Principal Place of Business Mailing Address  
**4 TESSENER DR. HIGHLAND HEIGHTS KY 41076**      **4 TESSENER DR. HIGHLAND HEIGHTS KY 41076**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/06/1986**      3a. Date of Last Report **05/01/1994**

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>06-1009714</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State <b>22</b>	City & State <b>27</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip <b>24</b>	Country <b>25</b>	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
		<b>81</b> Name	
		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
		<b>83</b>	
		<b>84</b> City	<b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	NAME <b>WALKER, RONALD F.</b>	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4 TESSENER DR</b>	CITY - ST - ZIP <b>HIGHLAND HEIGHTS KY</b>	1.2 NAME	<b>STEPHEN RABINOWITZ</b>
		1.3 STREET ADDRESS	<b>900 ADAMS LANDING</b>
		1.4 CITY - ST - ZIP	<b>CINTI, OH 45202</b>
TITLE <b>VSD</b>	NAME <b>SIVERD, ROBERT J</b>	2.1 TITLE	<b>EVP/S/B</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4 TESSENER DR.</b>	CITY - ST - ZIP <b>HIGHLAND HEIGHTS KY 41076</b>	2.2 NAME	
		2.3 STREET ADDRESS	<b>2051 BRILL RD.</b>
		2.4 CITY - ST - ZIP	<b>CINTI, OH 45243</b>
TITLE <b>VTD</b>	NAME <b>SCHWAB, JAMES E</b>	3.1 TITLE	<b>V/T/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4 TESSENER DR</b>	CITY - ST - ZIP <b>HIGHLAND HEIGHTS KY 41076</b>	3.2 NAME	<b>CHRISTOPHER F. VIRGULAK</b>
		3.3 STREET ADDRESS	<b>8124 STARTING GATE LN</b>
		3.4 CITY - ST - ZIP	<b>CINTI, OH 45249</b>
TITLE <b>V</b>	NAME <b>FIAMINGO, JOSEPH M</b>	4.1 TITLE	<b>EVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4 TESSENER DR</b>	CITY - ST - ZIP <b>HIGHLAND HEIGHTS KY 41076</b>	4.2 NAME	
		4.3 STREET ADDRESS	<b>3176 GLENMILL CT.</b>
		4.4 CITY - ST - ZIP	<b>CINTI, OH 45249</b>
TITLE <b>V</b>	NAME <b>STREET, DAVID H</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4 TESSENER DR.</b>	CITY - ST - ZIP <b>HIGHLAND HEIGHTS KY 41076</b>	5.2 NAME	<b>DELETE</b>
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE <b>VTD</b>	NAME <b>SCHWAB, JAMES E.</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4 TESSENER DR</b>	CITY - ST - ZIP <b>HIGHLAND HEIGHTS KY</b>	6.2 NAME	<b>DELETE</b>
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

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 119.07(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 appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **Robert J Siverd** **4/20/95** **606-572-1000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR