

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90159 034 \*\*\*150.00

0024003 AI

**DOCUMENT # P08647**

1. Entity Name  
**GENERAL CABLE INDUSTRIES, INC.**

Principal Place of Business  
**4 TESSENEER DR.  
 HIGHLAND HEIGHTS KY 41076**

Mailing Address  
**4 TESSENEER DR.  
 HIGHLAND HEIGHTS KY 41076**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**06-1009714**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  Delete  
 NAME **KENNY, GREGORY B**  
 STREET ADDRESS **4945 BURLEY HILLS DR**  
 CITY-ST-ZIP **CINCINNATI OH 45243**

TITLE  Change  Addition  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **EVSD**  Delete  
 NAME **SIVERD, ROBERT J**  
 STREET ADDRESS **8051 BRILL RD.**  
 CITY-ST-ZIP **CINTI OH**

TITLE  Change  Addition  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VTD**  Delete  
 NAME **VIRGULAK, CHRISTOPHER**  
 STREET ADDRESS **8124 STARTING GATE LN**  
 CITY-ST-ZIP **CINT. OH**

TITLE  Change  Addition  
 NAME **EVP., CFO., AS., DIR**  
 STREET ADDRESS **Virgulak, Christopher**  
 CITY-ST-ZIP

TITLE **AS**  Delete  
 NAME **WHELAN, JEFFERY J**  
 STREET ADDRESS **9006 PATRICKS GLEN**  
 CITY-ST-ZIP **CINCINNATI OH 45242**

TITLE  Change  Addition  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **Treasurer**  
 STREET ADDRESS **Stephen J. Smith**  
 CITY-ST-ZIP **1016 Grandin Ridge**  
**Cincinnati, OH 45208**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jeffrey J. Whelan** 4/8 /02 859-572-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)