


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P08647
 1. Entity Name
 GENERAL CABLE INDUSTRIES, INC.



Principal Place of Business Mailing Address
 4 TESSENEER DR. 4 TESSENEER DR.
 HIGHLAND HEIGHTS, KY 41076 HIGHLAND HEIGHTS, KY 41076

DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 06-1009714 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KENNY, GREGORY B
STREET ADDRESS	7756 TECUMSEH TRL
CITY-ST-ZIP	CINCINNATI, OH 45243
TITLE	EVSD
NAME	SIVERD, ROBERT J
STREET ADDRESS	6700 ALBERLY RD
CITY-ST-ZIP	CINCINNATI, OH 45243
TITLE	EVCT
NAME	VIRGULAK, CHRISTOPHER
STREET ADDRESS	8124 STARTING GATE LN
CITY-ST-ZIP	CINT., OH
TITLE	VTAS
NAME	WHELAN, JEFFERY J
STREET ADDRESS	9006 PATRICKS GLEN
CITY-ST-ZIP	CINCINNATI, OH 45242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/22/06-80096-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey J. Whelan 3/31/06 859-572-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #