

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08647

FILED
Mar 27, 2009
Secretary of State

Entity Name: GENERAL CABLE INDUSTRIES, INC.

Current Principal Place of Business:

4 TESSENEER DR.
HIGHLAND HEIGHTS, KY 41076

New Principal Place of Business:

Current Mailing Address:

4 TESSENEER DR.
HIGHLAND HEIGHTS, KY 41076

New Mailing Address:

FEI Number: 06-1009714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KENNY, GREGORY B
Address: 7756 TECUMSEH TRL
City-St-Zip: CINCINNATI, OH 45243

Title: EVSD () Delete
Name: SIVERD, ROBERT J
Address: 6700 ALBERLY RD
City-St-Zip: CINCINNATI, OH 45243

Title: VTAS () Delete
Name: WHELAN, JEFFERY J
Address: 9006 PATRICKS GLEN
City-St-Zip: CINCINNATI, OH 45242

Title: TVD () Delete
Name: ROBINSON, BRIAN J
Address: 6307 TRAIL RIDGE COURT
City-St-Zip: LOVELAND, OH 45140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY J. WHELAN

VTAS

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date