SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $138 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUN 23 AM 8:53

DOCUMENT # 840198 **(6)**

1. Corporation Name

TRIANGLE WIRE & CABLE, INC.

Principal Place of Business	Mailing Address
10 LINCOLN CENTER BLVD. LINCOLN RI 02865	10 LINCOLN CENTER BLVD. LINCOLN RI 02865

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/13/1978
3a. Date of Last Report: 04/19/1994
4. FEI Number: 22-1727582 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	PEARMAN, RAYMOND	12 NAME	
STREET ADDRESS	10 LINCOLN CENTER BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN RI 02865	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	VP
NAME	MORROW, GERALD	22 NAME	Stanley H. Davis
STREET ADDRESS	95 GRAND AVENUE	23 STREET ADDRESS	10 Lincoln Center Blvd.
CITY-ST-ZIP	PAWTUCKET RI 02862	24 CITY-ST-ZIP	Lincoln, RI 02865
			☒ Change ☐ Addition
TITLE	S	31 TITLE	
NAME	LIBSOHN, RALPH J.	32 NAME	
STREET ADDRESS	10 LINCOLN CTR. BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN , RI 02865	34 CITY-ST-ZIP	
			☐ Change ☐ Addition
TITLE	T	41 TITLE	
NAME	DONALDSON, PAUL	42 NAME	
STREET ADDRESS	95 GRNAD AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	PAWTUCKET RI 02862	44 CITY-ST-ZIP	
			☐ Change ☐ Addition
TITLE	D	51 TITLE	D
NAME	PELTZ, NELSON	52 NAME	Steven Gerard
STREET ADDRESS	777 S. FLAGLER DRIVE	53 STREET ADDRESS	10 Lincoln Center Blvd.
CITY-ST-ZIP	WEST PALM BEACH FL 33401	54 CITY-ST-ZIP	Lincoln RI 02865
			☒ Change ☐ Addition
TITLE	D	61 TITLE	
NAME	MAY, PETER	62 NAME	
STREET ADDRESS	900 THIRD AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	64 CITY-ST-ZIP	
			☐ Change ☐ Addition

CR2E037 (3/95)

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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ralph J. Libsohn 6/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RALPH J. LIBSOHN

0019306