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FILED

May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P16009 (3)

1. Corporation Name  
AMERICAN INSULATED WIRE CORPORATION

Principal Place of Business

36 FREEMAN ST  
PAWTUCKET RI 02861  
US

Mailing Address

36 FREEMAN ST  
P. O. BOX 880  
PAWTUCKET RI 02862-0880  
US

3. Date Incorporated or Qualified  
09/17/1987

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

05-0097940

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

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 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

Signature, typed or printed name of registrant if a joint and title, if applicable

(NOTE - Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
KANNER, EDWIN B.  
36 FREEMAN ST.  
PAWTUCKET, RI.

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
SOKOLOW, STEPHEN  
36 FREEMAN ST.  
PAWTUCKET, RI.

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
BONDE, WILLIAM J.  
36 FREEMAN ST.  
PAWTUCKET, RI.

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LEVITON, HAROLD  
59-25 LITTLENECK PKWY.  
LITTLENECK NY

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
AMSTERDAM, JACK  
59-25 LITTLENECK PKWY.  
LITTLENECK NY

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
CHIZEN, HARLAN H.  
36 FREEMAN STREET  
PAWTUCKET RI

DELETE

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Chairman of the Board  
of Directors

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

President

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)