

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000004404

**FILED  
Mar 07, 2023  
Secretary of State  
0837166925CC**

**Entity Name:** BELDEN INC.

**Current Principal Place of Business:**

1 NORTH BRENTWOOD BOULEVARD  
15TH FLOOR  
SAINT LOUIS, MO 63105

**Current Mailing Address:**

1 NORTH BRENTWOOD BOULEVARD  
15TH FLOOR  
ST. LOUIS, MO 63105 US

**FEI Number:** 36-3601505

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Officer/Director Detail :**

Title	CFO	Title	PRESIDENT, CEO, DIRECTOR
Name	PARKS, JEREMY	Name	VESTJENS, ROEL
Address	1 NORTH BRENTWOOD BOULEVARD 15TH FLOOR	Address	1 NORTH BRENTWOOD BOULEVARD SUITE 1500
City-State-Zip:	SAINT LOUIS MO 63105	City-State-Zip:	SAINT LOUIS MO 63105
Title	SECRETARY	Title	DIRECTOR
Name	ANDERSON, BRIAN E.	Name	BALK, LANCE
Address	1 NORTH BRENTWOOD BOULEVARD 15TH FLOOR	Address	1 NORTH BRENTWOOD BOULEVARD 15TH FLOOR
City-State-Zip:	SAINT LOUIS MO 63105	City-State-Zip:	SAINT LOUIS MO 63105
Title	DIRECTOR	Title	DIRECTOR
Name	ALDRICH, DAVID	Name	BROWN, JUDY
Address	1 NORTH BRENTWOOD BOULEVARD 15TH FLOOR	Address	1 NORTH BRENTWOOD BOULEVARD 15TH FLOOR
City-State-Zip:	SAINT LOUIS MO 63105	City-State-Zip:	SAINT LOUIS MO 63105
Title	DIRECTOR	Title	DIRECTOR
Name	BERGLUND, STEVE	Name	BRINK, DIANE
Address	1 NORTH BRENTWOOD BOULEVARD 15TH FLOOR	Address	1 NORTH BRENTWOOD BOULEVARD 15TH FLOOR
City-State-Zip:	SAINT LOUIS MO 63105	City-State-Zip:	SAINT LOUIS MO 63105

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*I hereby 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 all other like empowered.*

**SIGNATURE:** BRIAN E. ANDERSON

**SECRETARY**

**03/07/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CALDERON, NANCY  
Address 1 NORTH BRENTWOOD BOULEVARD  
15TH FLOOR  
City-State-Zip: SAINT LOUIS MO 63105

Title DIRECTOR  
Name MCCRAY, GREGORY  
Address 1 NORTH BRENTWOOD BOULEVARD  
15TH FLOOR  
City-State-Zip: SAINT LOUIS MO 63105

Title DIRECTOR  
Name KLEIN, JON  
Address 1 NORTH BRENTWOOD BOULEVARD  
15TH FLOOR  
City-State-Zip: SAINT LOUIS MO 63105