

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000004404

**Entity Name:** BELDEN INC.

**Current Principal Place of Business:**

1 NORTH BRENTWOOD BOULEVARD  
15TH FLOOR  
ST. 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           TREASURER  
Name           PARKS, JEREMY  
Address        1 NORTH BRENTWOOD BOULEVARD  
                  15TH FLOOR  
City-State-Zip: ST. LOUIS MO 63105

Title           PCEO  
Name           STROUP, JOHN  
Address        1 NORTH BRENTWOOD BOULEVARD  
                  15TH FLOOR  
City-State-Zip: ST. LOUIS MO 63105

Title           SECRETARY  
Name           BLOOMFIELD, KEVIN  
Address        1 NORTH BRENTWOOD BOULEVARD  
                  15TH FLOOR  
City-State-Zip: ST. LOUIS MO 63105

Title           ASSISTANT TREASURER  
Name           LONG, MICHELLE  
Address        1 NORTH BRENTWOOD BOULEVARD  
                  15TH FLOOR  
City-State-Zip: ST. LOUIS MO 63105

*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: KEVIN BLOOMFIELD**

**AUTHORIZED SIGNER**

**04/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date