

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000004404

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 SECRETARY  
Name ANDERSON, BRIAN E.  
Address 1 NORTH BRENTWOOD BOULEVARD  
15TH FLOOR  
City-State-Zip: SAINT LOUIS MO 63105

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

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

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

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

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

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

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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

03/11/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title PRESIDENT  
Name CHAND, ASHISH  
Address 1 NORTH BRENTWOOD BOULEVARD  
15TH FLOOR  
City-State-Zip: SAINT LOUIS MO 63105

Title TREASURER  
Name MALYSZKO, ANNE  
Address 1 NORTH BRENTWOOD BOULEVARD  
15TH FLOOR  
City-State-Zip: SAINT LOUIS MO 63105

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