

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000000004

**FILED**  
**Apr 17, 2015**  
**Secretary of State**  
**CC6961175980**

**Entity Name:** BELDON TECHNOLOGIES, INC.

**Current Principal Place of Business:**

5039 WEST AVENUE  
SAN ANTONIO, TX 78213

**Current Mailing Address:**

P.O. BOX 100840  
SAN ANTONIO, TX 78201-8840

**FEI Number:** 27-2166966

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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           VP  
Name           BELDON, MIKE  
Address        5039 WEST AVENUE  
City-State-Zip: SAN ANTONIO TX 78213

Title           VP  
Name           BELDON, SUSAN S  
Address        5039 WEST AVENUE  
City-State-Zip: SAN ANTONIO TX 78213

Title           ASST. TREASURER  
Name           SOBOTIK, MARK S  
Address        5039 WEST AVENUE  
City-State-Zip: SAN ANTONIO TX 78213

Title           SECRETARY  
Name           COTE, CURTIS P  
Address        5039 WEST AVENUE  
City-State-Zip: SAN ANTONIO TX 78213

Title           VP  
Name           BELDON, SUSAN S  
Address        5039 WEST AVENUE  
City-State-Zip: SAN ANTONIO TX 78213

Title           CEO  
Name           BELDON, BRADFORD D  
Address        5039 WEST AVENUE  
City-State-Zip: SAN ANTONIO TX 78213

Title           TREASURER  
Name           PEEBLES, PATRICIA B  
Address        5039 WEST AVENUE  
City-State-Zip: SAN ANTONIO TX 78213

*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:** PATRICIA B PEEBLES

**CFO/TREASURER**

**04/17/2015**

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

\_\_\_\_\_  
Date