

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 817863

FILED
Apr 08, 2005
Secretary of State

Entity Name: COOPER WIRING DEVICES, INC.

Current Principal Place of Business:

600 TRAVIS ST
SUITE 5800
HOUSTON, TX 77002

New Principal Place of Business:

Current Mailing Address:

600 TRAVIS., SUITE 5800
HOUSTON, TX 77002

New Mailing Address:

FEI Number: 11-0701510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KLUGER, NEAL W
Address: 45-31 COURT SQ.
City-St-Zip: LONG ISLAND CITY, NY 11101

Title: EVPC () Delete
Name: ROBERTS, JEFFREY M
Address: 45-31 COURT SQ.
City-St-Zip: LONG ISLAND CITY, NY 11101

Title: AT () Delete
Name: KOLE, STEPHEN M
Address: 600 TRAVIS, SUITE 5800
City-St-Zip: HOUSTON, TX 77002

Title: S () Delete
Name: HELZ, TERRANCE V
Address: 600 TRAVIS, SUITE 5800
City-St-Zip: HOUSTON, TX 77002

Title: V () Delete
Name: BURRELL, JAMES T
Address: 600 TRAVIS, SUITE 5800
City-St-Zip: HOUSTON, TX 77002

Title: D () Delete
Name: HACHIGIAN, KIRK S
Address: 600 TRAVIS SUITE 5800
City-St-Zip: HOUSTON, TX 77002

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROBERTS, JEFFREY M
Address: 203 COOPER CIRCLE
City-St-Zip: PEACHTREE CITY, GA 30269

Title: VP (X) Change () Addition
Name: SHELLHAAS, JON Q
Address: 68 WEST DRIVE
City-St-Zip: MANHASSET, NY 11030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES T. BURRELL

V

04/08/2005

Electronic Signature of Signing Officer or Director

Date