

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/94: \$154 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 840198

(6)

1. Corporation Name

TRIANGLE WIRE & CABLE, INC.

Principal Place of Business

**10 LINCOLN CENTER BLVD.
LINCOLN RI 02865**

Mailing Address

**10 LINCOLN CENTER BLVD.
LINCOLN RI 02865**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1978

3a. Date of Last Report

04/10/1994

4. FEI Number

22-1727582

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

23
City & State

28
City & State

24
Zip

Country

29
Zip

30
Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **PEARMAN, RAYMOND**
STREET ADDRESS **10 LINCOLN CENTER BLVD.**
CITY - ST - ZIP **LINCOLN RI 02865**

TITLE **VP**
NAME **MORROW, GERALD**
STREET ADDRESS **95 GRAND AVENUE**
CITY - ST - ZIP **PAWTUCKET RI 02862**

TITLE **S**
NAME **LIBSOHN, RALPH J.**
STREET ADDRESS **10 LINCOLN CTR. BLVD.**
CITY - ST - ZIP **LINCOLN RI 02865**

TITLE **T**
NAME **DONALDSON, PAUL**
STREET ADDRESS **95 GRAND AVENUE**
CITY - ST - ZIP **PAWTUCKET RI 02862**

TITLE **D**
NAME **PELTZ, NELSON**
STREET ADDRESS **777 S. FLAGLER DRIVE**
CITY - ST - ZIP **WEST PALM BEACH FL 33401**

TITLE **D**
NAME **MAY, PETER**
STREET ADDRESS **900 THIRD AVE.**
CITY - ST - ZIP **NEW YORK NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☒ Change ☐ Addition
VP
Stanley J. Davis
10 Lincoln Center Blvd.
Lincoln, RI 02865

☒ Change ☐ Addition
D
Steven Gerard
10 Lincoln Center Blvd.
Lincoln RI 02865

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or both in attachment with an address.

SIGNATURE:

Ralph J. Libsohn
 RALPH J. LIBSOHN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/95
 Date

Daytime Phone #