

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90075 025 ***150.00

DOCUMENT # 852074
 Entity Name

MADISON WIRE AND CABLE, INC.

Principal Place of Business Mailing Address
CLARK STREET **2459 CLARK STREET**
FL 32703-9121 **APOPKA FL 32703-2121**

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
38-2034563 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GIAMMARINARO, JAMES P.
2459 CLARK STR
APOPKA FL 32703

7. Name and Address of New Registered Agent
 Name **HARRIS N. DVORES**
 Street Address (P.O. Box Number is Not Acceptable)
2816 E. ROBINSON ST.
 City **ORLANDO** FL Zip Code **32803**

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 of officer or director of registered agent and its applicable
Harris N. Dvores

(NOTE: Registered Agent signature required when remaining)
 4/27/00

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00.
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD GIAMMARINARO, JAMES P 2459 CLARK STR APOPKA FL S BARNARD, FRANK 19500 VICTOR PKWY., STE. 275 LIVONIA MI D GIGNAC, ROBERT J 19500 VICTOR PKWY., STE. #275 LIVONIA MI	<input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> Delete <input type="checkbox"/> Delete <input type="checkbox"/> Delete <input type="checkbox"/> Delete <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition
		D GIGNAC, ROBERT J 48101 ANN ARBOR RD PLYMOUTH MI 48170	

I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert J. Gignac* 4-24-00 734-955-3000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #