## 852074

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | idress)            |             |
| (Ad                     | ldress)            | " ******    |
| (Cit                    | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | ısiness Entity Naı | me)         |
|                         |                    |             |
| (Do                     | ocument Number)    |             |
| Certified Copies        | Certificate        | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

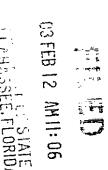
Į,

Office Use Only



200010963022

02/12/03--01036--003 \*\*35.00



B= 18/03/100

## LEFKOWITZ, BLOOM & SHAW, P.A.

ATTORNEYS AND COUNSELORS AT LAW

IVAN M. LEFKOWITZ\* GWEN D. BLOOM+ THOMAS C. SHAW SHIRA B. McKINLAY\*\* 430 NORTH MILLS AVENUE ORLANDO, FLORIDA 32803

TELEPHONE (407) 425-1974 FACSIMILE (407) 425-1981 WEBSITE: ORLANDOLAW.ORG

\* BOARD CERTIFIED IN TAXATION AND MASTER OF LAWS IN ESTATE PLANNING

+ ALSO ADMITTED IN MASSACHUSETTS
\*\*\* ALSO ADMITTED IN CALIFORNIA
AND MINNESOTA

February 10, 2003

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Madison Wire and Cable, Inc. Document No. 852074

Dear Sir or Madam:

In connection with the above referenced entity, enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, along with a check in the amount of \$35.00 to cover the cost of the filing fee. Please process this request in your usual manner.

If there are any questions concerning the above, please do not hesitate to call me.

Sincerely yours

Thomas C. Shaw

TCS:glg Enclosures

cc: Mr. Robert Gignac

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the                | e provisions of se   | ections 607.05                    | 02, 617.0502                 | 2, 607.1508,  | or 617.150                   | 8, Florida               | Statutes,                |
|--------------------------------|--|-----------------------------------|------------------------------|---|------------------------------|--------------------------|--------------------------|
| this statement o               | of change is subm  | itted for a corp                  | oration orga                 | inized under  | the laws of                  | the State of             | •                        |
| MICHIGAN                       | in order t   | o change its re                   | egistered offi               | ce or registe   | ered agent, c                | or both, in              | the State                |
| of Florida.                    |  |                                   |                              |   |                              |                          |                          |
| 1. The name of                 | the corporation:   | MADISON                           | WIRE AND                     | CABLE,  | INC                          | 1241<br>1241             | ු සි                     |
| 2. The principal               | l office address:_   | 2459 CLA                          | RK STREE                     | T   | the Car Care                 | - F                      | EB .                     |
|                                |  | APOPKA,                           | FLORIDA                      | 32703-9   | 121                          | تر<br>ال                 | 75                       |
| 3. The mailing                 | address (if differe  | ent):                             |                              | gad National  | <u> </u>                     |                          | 5 3                      |
|                                | ougus, y se <sup></sup>  | · / *-                            |                              |   | <u> </u>                     |                          | ST 0                     |
| 4. Date of incor               | poration/qualific  | ation: 02/2                       | 4/1982                       | Docume  | nt number: _                 | 852074                   |                          |
|                                | d street address ourtment of State:  | f the current re                  | gistered ager                | nt and registe  | ered office o                | n file with t            | the                      |
|                                | HARRIS   | DVORES '                          |                              |   |                              |                          |                          |
|                                | 2816 EAS   | ST ROBINS                         | ON STREE                     | m .   |                              |                          |                          |
|                                | ORLANDO  | FLORIDA                           | 32803                        |   |                              |                          |                          |
| 6. The name a changed):        | nd street address  |                                   | _                            | nt (if change   | ed) and /or                  | registered o             | office (if               |
|                                | LEFKOWITZ  | (P.O. Box or perso                | SHAW, P                      | .A., 43(  | NORTH.                       | MILLS F                  | VENUE                    |
| The street addragent, as chang | ess of its register<br>sed will be identic   | ed office and t                   | he street add                | lress of the b  | ousiness offi                | .ce of its re            | gistered                 |
| Such change wauthorized by t   | as authorized by he board, or the c  | resolution dul<br>corporation has |                              | •   |                              | _                        |                          |
|                                | r, chairman or vice chair  |                                   |                              |   | GIGNAC<br>ped name and title |                          |                          |
| registered ager                | t the appointment<br>to comply with the<br>f my duties, and I<br>nt. Or, if this doc<br>I hereby confirm | um jamiijar w<br>ument is being   | riin ana acce<br>Tiled merel | pi ine ooiigi<br>v to reflect a   | auon oj my j<br>Lehange in t | posmon as<br>he revister | red                      |
|                                | Signature of Registered A  | gent)                             | <u> </u>                     | 1/10  | (Date)                       | <u> </u>                 |                          |
| If signing on beha             | If of an entity:   |                                   |                              |   |                              | المعتقدة بدرينية بيدار   | to the set to the set of |
| <del></del>                    | Typed or Printed Name)   | dad - tracks, green grade         | · Surger with the world      | A PROPERTY OF THE PARTY OF THE | Capacity)                    | i sasa n                 | <u> </u>                 |
| •                              | •  |                                   |                              | ,   |                              |                          |                          |

\* \* \* FILING FEE: \$35.00 \* \* \*