

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90124 005 ***150.00

DOCUMENT # 852074

1. Entity Name
MADISON WIRE AND CABLE, INC.



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

Mailing Address
**2459 CLARK STREET
APOPKA FL 32703-9121**

11011446



2. Principal Place of Business
48101 ANN ARBOR RD

3. Mailing Address
48101 ANN ARBOR RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
PLYMOUTH MICH

City & State
PLYMOUTH MICH

4. FEI Number **38-2034563**

Applied For
 Not Applicable

Zip **48170**

Country **USA**

Zip **48170**

Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DVORES HARRIS
2816 E. ROBINSON ST
ORLANDO FL 32803**

Name **THOMAS C. SHAW**
Street Address (P.O. Box Number is Not Acceptable)
430 NORTH MILLS AVE
City **ORLANDO** FL Zip Code **32803**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00.
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution:

10. OFFICERS AND DIRECTORS	
TITLE	PCD <input type="checkbox"/> Delete
NAME	GIGNAC, ROBERT J
STREET ADDRESS	48101 ANN ARBOR RD
CITY-ST-ZIP	PLYMOUTH MI 48170
TITLE	ST <input checked="" type="checkbox"/> Delete
NAME	GIGNAC, ROBERT J
STREET ADDRESS	17610 CAMBRIDGE GROVE DR
CITY-ST-ZIP	PLYMOUTH MI 48170
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	HOWELL, RONALD
STREET ADDRESS	1410 PEREZ STREET
CITY-ST-ZIP	ORLANDO FL 32825
TITLE	ST <input type="checkbox"/> Delete
NAME	GIGNAC, ROBERT J
STREET ADDRESS	48101 ANN ARBOR RD
CITY-ST-ZIP	PLYMOUTH, MI 48170
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03 **734-451-0900**
Date Daytime Phone #

CR2E034 (10/02)