

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90235 017 ***150.00

DOCUMENT # 852232
 1. Entity Name
GK TECHNOLOGIES, INCORPORATED

Principal Place of Business Mailing Address
4 TESSENEER DR **4 TESSENEER DR**
HIGHLAND HEIGHTS KY 41076 **HIGHLAND HEIGHTS KY 41076**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **13-3064555** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. 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, 2001 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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RABINOWITZ, STEPHEN 900 ADAM'S LANDING CINCINNATI OH	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP KENNY, GREGORY B. 4945 BURLEY HILLS DR CINCINNATI OH	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS SIVERD, ROBERT J. 8051 BRILL RD. CINCINNATI OH	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VIRGULAK, CHRISTOPHER F 8124 STARTING GATE LN CINCINNATI OH	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WHALEN, JEFFREY J. 9006 PATRICKS GLEN CINCINNATI OH 45242	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WHELAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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: Jeffrey J. Whelan Jeffrey J. Whelan 4/17 /01 859-572-8743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Asst. Secretary

CFR2E034 (10/00)



Document
85222
Corporate Tax Department
Telephone: 859-572-8732
Facsimile: 859-572-0016

536634

April 19, 2001

Department of State
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

CORPORATION REPORTING:	G K TECHNOLOGIES, INC.
TAX RETURN SUBMITTED:	FLORIDA ANNUAL PROFIT CORPORATION REPORT
PERIOD COVERED:	2001
REMITTANCE ENCLOSED:	\$150
REFUND REQUESTED:	\$-0-
OVERPAYMENT TO BE APPLIED:	\$-0-

All correspondence regarding the above return should be directed to the Corporate Tax Department at the address below. Please acknowledge receipt of the enclosures by date stamping and returning a copy of this letter in the self-addressed stamped envelope provided.

Thank you.

Enclosures

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4 Tesseneer Drive
Highland Heights, KY 41076-9753, USA
tel: (1) 859.572.8000
fax: (1) 859.572.8458
web: www.generalcable.com



Document
852238

Corporate Tax Department
Telephone: 859-572-8732
Facsimile: 859-572-0016

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