

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

2005 Rev

<b>DOCUMENT # F02000001110</b>					
<b>1. Entity Name</b> BENEKE WIRE COMPANY					
<b>Principal Place of Business</b> 5540 NATIONAL TURNPIKE LOUISVILLE, KY 40214			<b>Mailing Address</b> 5540 NATIONAL TURNPIKE LOUISVILLE, KY 40214		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	08172005    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> 61-0670206				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  C-T CORPORATION SYSTEM - 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
<b>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.</b> SIGNATURE: <u>Shona A. Caudill</u> (NOTE: Registered Agent signature required when reinstating)    DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> BENEKE, J. DAVID <b>STREET ADDRESS</b> 5540 NATIONAL TURNPIKE <b>CITY-ST-ZIP</b> LOUISVILLE, KY 40214	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800660026668 10/18/05--01072--009    **750.00	
<b>TITLE</b> VGM <b>NAME</b> DOWNS, KENNETH R <b>STREET ADDRESS</b> 5540 NATIONAL TURNPIKE <b>CITY-ST-ZIP</b> LOUISVILLE, KY 40214	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C.O.O.	
<b>TITLE</b> S <b>NAME</b> BENEKE, STEPHEN C <b>STREET ADDRESS</b> 5540 NATIONAL TURNPIKE <b>CITY-ST-ZIP</b> LOUISVILLE, KY 40214	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100061220101 11/07/05--01064--008    **750.00	
<b>TITLE</b> T <b>NAME</b> CAUDILL, REDA W <b>STREET ADDRESS</b> 5540 NATIONAL TURNPIKE <b>CITY-ST-ZIP</b> LOUISVILLE, KY 40214	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> PERRY, EDWIN H <b>STREET ADDRESS</b> 101 SOUTH FIFTH STREET, SUITE 3300 <b>CITY-ST-ZIP</b> LOUISVILLE, KY 40202	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SANFORD, E. HALSEY <b>STREET ADDRESS</b> 5540 NATIONAL TURNPIKE <b>CITY-ST-ZIP</b> LOUISVILLE, KY 40214	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Reda W. Caudill</u> REDA W. CAUDILL    9/7/05    502 367-6434			Date    Daytime Phone #		