


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000001707	
1. Entity Name COLEMAN CABLE, INC.	

Principal Place of Business 1586 SOUTH LAKESIDE DRIVE WAUKEGAN, IL 60085	Mailing Address 1586 SOUTH LAKESIDE DRIVE WAUKEGAN, IL 60085
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4410887	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEXIS DOCUMENT SERVICES INC. 1201 HAYS STREET TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000119858 04/19/04-80113-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YETMAN, GARY 1586 SOUTH LAKESIDE DRIVE WAUKEGAN, IL 60085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BURGER, RICHARD N 1586 SOUTH LAKESIDE DRIVE WAUKEGAN, IL 60085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIN, NACHUM 1586 SOUTH LAKESIDE DRIVE WAUKEGAN, IL 60085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISTRICER, DAVID 1586 SOUTH LAKESIDE DRIVE WAUKEGAN, IL 60085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 	RN BURGER 1/20/04 847-672-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #