

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000005162**

1. Entity Name  
**INSTEEL WIRE PRODUCTS COMPANY**



Principal Place of Business  
**1373 BOGGS DRIVE  
MOUNT AIRY, NC 27030**

Mailing Address  
**1373 BOGGS DRIVE  
MOUNT AIRY, NC 27030**

**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>56-1528668</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LEXIS NEXIS DOCUMENT SOLUTIONS, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	VCP
NAME	WOLTZ, H.O. III
STREET ADDRESS	1373 BOGGS DRIVE
CITY-ST-ZIP	MOUNT AIRY, NC 27030

TITLE	DT
NAME	GAZMARIAN, MICHAEL C
STREET ADDRESS	1373 BOGGS DRIVE
CITY-ST-ZIP	MOUNT AIRY, NC 27030

TITLE	DVS
NAME	PETELLE, JAMES F
STREET ADDRESS	1373 BOGGS DR
CITY-ST-ZIP	MOUNT AIRY, NC 27030

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *James F. Petelle, V.P. and Secretary*  
*James F. Petelle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9 Jan. 2008* *336-786-2141*  
Date Daytime Phone #