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FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000001235 (1)**

1. Corporation Name

SOUTHWIRE COMPANY

Principal Place of Business

**SOUTHWIRE COMPANY
ONE SOUTHWIRE DRIVE
CARROLLTON GA 30119
US**

Mailing Address

**POST OFFICE BOX 1000
CARROLLTON GA 30119**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1993

4. FEI Number

58-2020515

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CDP** ☐ DELETE
NAME **RICHARDS, ROY J**
STREET ADDRESS **ONE SOUTHWIRE DR**
CITY-ST-ZIP **CARROLLTON GA**

TITLE **D** ☒ DELETE
NAME **GREEN, HOLCOMBE T JR.**
STREET ADDRESS **3343 PEACHTREE RD., NE, STE. 1420**
CITY-ST-ZIP **ATLANTA GA**

TITLE **D** ☐ DELETE
NAME **ALFIERO, SALVATORE H**
STREET ADDRESS **ONE TOWNE CENTRE, 501 JOHN JAMES AUDUBON**
CITY-ST-ZIP **AMHERST NY**

TITLE **VD** ☐ DELETE
NAME **MCAMIS, WAYNE**
STREET ADDRESS **ONE SOUTHWIRE DRIVE**
CITY-ST-ZIP **CARROLLTON GA**

TITLE **D** ☐ DELETE
NAME **RICHARDS, ALICE H**
STREET ADDRESS **ONE SOUTHWIRE DR.**
CITY-ST-ZIP **CARROLLTON GA 30119**

TITLE **D** ☐ DELETE
NAME **DENNY, CHARLES W**
STREET ADDRESS **SQUARE D CO., 1415 SOUTH ROSELLE**
CITY-ST-ZIP **PALATINE IL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Clendenin, John L.**
1.3 STREET ADDRESS **1873 Flager Estates Drive**
1.4 CITY-ST-ZIP **West Palm Beach, FL 33411**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Nancy Richards Farese**
2.3 STREET ADDRESS **25 Sixth Avenue**
2.4 CITY-ST-ZIP **San Francisco, CA 94118**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)