

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90108 038 \*\*\*150.00

**DOCUMENT # F93000001235**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**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 **FARESE, NANCY RICHARDS**  
STREET ADDRESS **25 6TH AVE**  
CITY-ST-ZIP **SAN FRANCISCO CA 94118**

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 **Priestley, Eric**  
2.3 STREET ADDRESS **Follifoot Lane, Kirby Overblow**  
2.4 CITY-ST-ZIP **Harrogate HG31HD, United Kingdom**

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William V. Hearnburg, Sec. 4/06/99 770/832-4242**

Date

Daytime Phone #

CR2E034 (11/98)