

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001235

1. Entity Name
SOUTHWIRE COMPANY

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90078 034 ***150.00

Principal Place of Business

Mailing Address

SOUTHWIRE COMPANY
ONE SOUTHWIRE DRIVE
CARROLLTON GA 30119
US

POST OFFICE BOX 1000
CARROLLTON GA 30119-0002

041452



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2020515**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **D** ☐ Delete
NAME **FARESE, NANCY RICHARDS**
STREET ADDRESS **25 6TH AVE**
CITY-ST-ZIP **SAN FRANCISCO CA 94118**

TITLE **D** ☐ Change ☒ Addition
NAME **Preistley, Eric**
STREET ADDRESS **Follifoot Lane, Kirby Overblow**
CITY-ST-ZIP **Harrogate HG31HD, UK**

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

TITLE **VD** ☐ Change ☒ Addition
NAME **Richards, Lee W.**
STREET ADDRESS **One Southwire Drive**
CITY-ST-ZIP **Carrollton, GA 30119**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William V. Hearnburg, Sec., 4/18/00 (770)832-4242

Date

Daytime Phone #