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

FILED
Sep 16 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 # F96000000477

1. Corporation Name

King Wire Inc.

Principal Place of Business / Mailing Address

One Cable Place
North Chicago, IL 60064

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 1/29/96

4. FEI Number: 36-4033060 ☐ 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

9. Name and Address of Current Registered Agent

Prentice-Hall
1201 Hays Street
Tallahassee, FL 32301

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	Chairman/ Director	☐ DELETE
NAME	Peter Leeb	
STREET ADDRESS	One Cable Place	
CITY-ST-ZIP	North Chicago, IL 60064	
TITLE	Vice-Chair/Director	☐ DELETE
NAME	Alan Coleman	
STREET ADDRESS	One Cable Place	
CITY-ST-ZIP	North Chicago, IL 60064	
TITLE	President	☐ DELETE
NAME	Robert Dorfman	
STREET ADDRESS	1081 Saxony	
CITY-ST-ZIP	Highland Park, IL 60035	
TITLE	Secretary	☒ DELETE
NAME	Peter Leeb	
STREET ADDRESS	One Cable Place	
CITY-ST-ZIP	North Chicago, IL 60064	
TITLE	Treasurer	☒ DELETE
NAME	Peter Leeb	
STREET ADDRESS	One Cable Place	
CITY-ST-ZIP	North Chicago, IL 60064	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	☒ Change ☐ Addition
1.2 NAME	Robert Dorfman	
1.3 STREET ADDRESS	1081 Saxony	
1.4 CITY-ST-ZIP	Highland Park, IL 60035	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Brian Singh	
2.3 STREET ADDRESS	One Cable Place	
2.4 CITY-ST-ZIP	North Chicago, IL 60064	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Eugene Tonkovich	
3.3 STREET ADDRESS	One Cable Place	
3.4 CITY-ST-ZIP	North Chicago, IL 60064	
4.1 TITLE	D/S/T	☐ Change ☒ Addition
4.2 NAME	Simeon Roldan	
4.3 STREET ADDRESS	One Cable Place	
4.4 CITY-ST-ZIP	North Chicago, IL 60064	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	700002642447	☐ Change ☐ Addition
6.2 NAME	-09/17/98--01072--020	
6.3 STREET ADDRESS	***550.00	PE 9.16
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE [signature] 09.02.98 (847)