

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

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Feb 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005009 (3)**

1. Corporation Name

**COLEMAN CABLE SYSTEMS, INC.**

Principal Place of Business  
**2500 COMMONWEALTH AVE.  
NORTH CHICAGO IL 60064**

Mailing Address  
**3 SKIDWAY VILLAGE SQUARE  
SAVANNAH GA 31411  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/30/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b>	<b>26</b>	<b>36-3091262</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>22</b>	<b>27</b>	6. Election Campaign Financing	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	Trust Fund Contribution	<input type="checkbox"/>
<b>23</b>	<b>28</b>	8. This corporation owes or has paid the current year Intangible	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Zip	Personal Property Tax due June 30.	
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAGEL, VERNON J</b>	1.2 NAME	
STREET ADDRESS	<b>3 SKIDAWAY VILLAGE SQUARE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAVANNAH GA 31411</b>	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALKER, RICHARD A</b>	2.2 NAME	
STREET ADDRESS	<b>3 SKIDAWAY VILLAGE SQUARE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAVANNAH GA 31411</b>	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURGER, RICHARD N</b>	3.2 NAME	
STREET ADDRESS	<b>3 SKIDAWAY VILLAGE SQUARE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAVANNAH GA 31411</b>	3.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEPSON, ROBERT S JR</b>	4.2 NAME	
STREET ADDRESS	<b>3 SKIDAWAY VILLAGE SQUARE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAVANNAH GA 31411</b>	4.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, CURTIS G</b>	5.2 NAME	
STREET ADDRESS	<b>3 SKIDAWAY VILLAGE SQUARE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAVANNAH GA 31411</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>HENDERSON, DONALD MAX</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>11919 S. 89th CT.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>PALOS PARK IL 60464</b>

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

**RICHARD N. BURGER, Vice President, Finance**

Date: **2/17/98**  
Telephone: **847 689999**

CR2E034 (10/97)