

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

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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90103 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F96000005009**

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~~
~~46~~ 200 S. Michigan Ave.
 Chicago, IL 60604

DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		200 S. MICHIGAN AVE	36-3091262	Not Applicable
22	Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		19th FLOOR	<input type="checkbox"/>	
23	City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		Chicago IL 60604	<input type="checkbox"/>	
24	Zip	29. Zip	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		60604		
			30. Country	
			USA	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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: _____ DATE: 3-31-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	VP
NAME	NAGEL, VERNON J	1.2 NAME	Christopher A. Gebelien
STREET ADDRESS	3 SKIDAWAY VILLAGE SQUARE	1.3 STREET ADDRESS	200 South Michigan Ave.
CITY-ST-ZIP	SAVANNAH GA 31411	1.4 CITY-ST-ZIP	Chicago, IL 60604
TITLE	S	2.1 TITLE	VP - Treasurer
NAME	WALKER, RICHARD A	2.2 NAME	Robin J. Adams
STREET ADDRESS	3 SKIDAWAY VILLAGE SQUARE	2.3 STREET ADDRESS	200 S. Michigan Ave.
CITY-ST-ZIP	SAVANNAH GA 31411	2.4 CITY-ST-ZIP	Chicago, IL 60604
TITLE	T	3.1 TITLE	VP & Secy.
NAME	BURGER, RICHARD N	3.2 NAME	Lawrence Horisny
STREET ADDRESS	3 SKIDAWAY VILLAGE SQUARE	3.3 STREET ADDRESS	200 S. Michigan Ave
CITY-ST-ZIP	SAVANNAH GA 31411	3.4 CITY-ST-ZIP	Chicago, IL 60604
TITLE	DC	4.1 TITLE	V.P.
NAME	JEPSON, ROBERT S JR	4.2 NAME	William C. Cline
STREET ADDRESS	3 SKIDAWAY VILLAGE SQUARE	4.3 STREET ADDRESS	200 S. Michigan Ave.
CITY-ST-ZIP	SAVANNAH GA 31411	4.4 CITY-ST-ZIP	Chicago IL 60604
TITLE	DC	5.1 TITLE	Asst. Secretary
NAME	ANDERSON, CURTIS G	5.2 NAME	Vincent M. Lichtenberger
STREET ADDRESS	3 SKIDAWAY VILLAGE SQUARE	5.3 STREET ADDRESS	200 S. Michigan Ave.
CITY-ST-ZIP	SAVANNAH GA 31411	5.4 CITY-ST-ZIP	Chicago, IL 60604
TITLE	P	6.1 TITLE	
NAME	HENDERSON, DONALD M	6.2 NAME	
STREET ADDRESS	11919 S 89TH CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALOS PARK IL 60464	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: _____ DATE: 3-31-99 DAYTIME PHONE #: 3123228500

CR2E034 (1/98)