

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 21, 1999 8:00 am
Secretary of State

04-21-1999 90103 026 ***150.00

DOCUMENT # F96000005009

1. Corporation Name

COLEMAN CABLE SYSTEMS, INC.



Principal Place of Business

2500 COMMONWEALTH AVE.
NORTH CHICAGO IL 60064

Mailing Address

3 SKIDAWAY VILLAGE SQUARE

SAVANNAH GA 31411

200 S. Michigan Ave.
Chicago, IL 60604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 200 S. MICHIGAN AVE

Suite, Apt. #, etc.

27 19th FLOOR

4. FEI Number

36-3091262

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

24 Zip

25 Country

28 City & State

29 Zip

30 Country

Chicago IL 60604

60604 USA

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

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

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)

3-31-99

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
V	NAGEL, VERNON J	3 SKIDAWAY VILLAGE SQUARE	SAVANNAH GA 31411	<input checked="" type="checkbox"/>
S	WALKER, RICHARD A	3 SKIDAWAY VILLAGE SQUARE	SAVANNAH GA 31411	<input checked="" type="checkbox"/>
T	BURGER, RICHARD N	3 SKIDAWAY VILLAGE SQUARE	SAVANNAH GA 31411	<input checked="" type="checkbox"/>
DC	JEPSON, ROBERT S JR	3 SKIDAWAY VILLAGE SQUARE	SAVANNAH GA 31411	<input checked="" type="checkbox"/>
DC	ANDERSON, CURTIS G	3 SKIDAWAY VILLAGE SQUARE	SAVANNAH GA 31411	<input checked="" type="checkbox"/>
P	HENDERSON, DONALD M	11919 S 89TH CT	PALOS PARK IL 60464	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
VP	Christopher A. Gebelien	200 South Michigan Ave.	Chicago, IL 60604	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP & Treasurer	Robin J. Adams	200 S. Michigan Ave.	Chicago, IL 60604	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP & Secy.	Lawrence Horisny	200 S. Michigan Ave.	Chicago, IL 60604	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V.P.	William C. Cline	200 S. Michigan Ave.	Chicago, IL 60604	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asst. Secretary	Vincent M. Lichtenberger	200 S. Michigan Ave.	Chicago, IL 60604	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

3-31-99 3123228500
Date Daytime Phone #

CR2E034 (1/98)