2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005009

1. Entity Name
COLEMAN CABLE ~~SYSTEMS~~, INC.

FILED
00 NOV -2 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2500 COMMONWEALTH AVE. NORTH CHICAGO IL 60064	200 S. MICHIGAN AVE 19TH FLR CHICAGO IL 60604 US

2. Principal Place of Business	3. Mailing Address
1586 S. LAKESIDE DR	1586 S. LAKESIDE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WAUKEGAN IL	City & State: WAUKEGAN IL
Zip: 60085 Country: LAKE	Zip: 60085 Country: LAKE

REINSTATEMENT SP

4. FEI Number ~~36-3091262~~ 52-2207198 — Applied For / Not Applicable

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
C T 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 Anne E Diamond Anne E Diamond Asst. Secy 10/27/00
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 V NAME GEBELIER, CHRISTOPHER A STREET ADDRESS 200 S. MICHIGAN AVE - CITY-ST-ZIP CHICAGO IL 60604	☒ Delete	TITLE PRESIDENT & CFO NAME GARY E. YETMAN STREET ADDRESS 1586 S. LAKESIDE DR CITY-ST-ZIP WAUKEGAN IL 60085	☐ Change ☒ Addition
TITLE VT NAME ADAMS, ROBIN J STREET ADDRESS 200 S. MICHIGAN AVE - CITY-ST-ZIP CHICAGO IL 60604	☒ Delete	TITLE TREASURER NAME DAVID BISTRICER STREET ADDRESS 4611 12TH AVE CITY-ST-ZIP BROOKLYN NY 11219	☐ Change ☒ Addition
TITLE VS NAME HORISZNY, LAURENCE STREET ADDRESS 200 S. MICHIGAN AVE - CITY-ST-ZIP CHICAGO IL 60604	☒ Delete	TITLE SECRETARY NAME NACHUM STEIN STREET ADDRESS 444 MADISON AVE, STE 501 CITY-ST-ZIP NEW YORK, NY 10022	☐ Change ☒ Addition
TITLE V NAME CLINE, WILLIAM C STREET ADDRESS 200 S. MICHIGAN AVE - CITY-ST-ZIP CHICAGO IL 60604	☒ Delete	TITLE EVP+ ASSISTANT SECRETARY NAME RICHARD BURGER STREET ADDRESS 1586 S. LAKESIDE DR CITY-ST-ZIP WAUKEGAN IL 60085	☐ Change ☒ Addition
TITLE AS NAME LICHLENBERGER, VINCENT M STREET ADDRESS 200 S. MICHIGAN AVE - CITY-ST-ZIP CHICAGO IL 60604	☒ Delete	TITLE NAME 200003473072--9 STREET ADDRESS -11/21/00--01090--004 CITY-ST-ZIP ****750.00 ****750.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 REQUIRED RICHARD BURGER EVP/ASST SEC. 9/20/00 847-672-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/00)