

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005009

1. Entity Name
COLEMAN CABLE SYSTEMS, INC.

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

Mailing Address
200 S. MICHIGAN AVE
19TH FLR
CHICAGO IL 60604
US

2. Principal Place of Business
1586 S. LAKESIDE DR
Suite, Apt. #, etc.

3. Mailing Address
1586 S. LAKESIDE DR
Suite, Apt. #, etc.

City & State
WAUKEGAN IL
Zip
60085
Country
LAKE

City & State
WAUKEGAN IL
Zip
60085
Country
LAKE

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

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

7. Name and Address of New Registered Agent

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

TITLE V
NAME GEBELIER, CHRISTOPHER A
STREET ADDRESS 200 S. MICHIGAN AVE -
CITY-ST-ZIP CHICAGO IL 60604 ☒ Delete

TITLE VT
NAME ADAMS, ROBIN J
STREET ADDRESS 200 S. MICHIGAN AVE -
CITY-ST-ZIP CHICAGO IL 60604 ☒ Delete

TITLE VS
NAME HORISZNY, LAURENCE
STREET ADDRESS 200 S. MICHIGAN AVE -
CITY-ST-ZIP CHICAGO IL 60604 ☒ Delete

TITLE V
NAME CLINE, WILLIAM C
STREET ADDRESS 200 S. MICHIGAN AVE -
CITY-ST-ZIP CHICAGO IL 60604 ☒ Delete

TITLE AS
NAME LICHTENBERGER, VINCENT M
STREET ADDRESS 200 S. MICHIGAN AVE -
CITY-ST-ZIP CHICAGO IL 60604 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT & CFO
NAME GARY E. YETMAN
STREET ADDRESS 1586 S. LAKESIDE DR
CITY-ST-ZIP WAUKEGAN IL 60085 ☐ Change ☒ Addition

TITLE TREASURER
NAME DAVID DISTICER
STREET ADDRESS 4611 12TH AVE
CITY-ST-ZIP BROOKLYN NY 11219 ☐ Change ☒ Addition

TITLE SECRETARY
NAME NACHUM STEIN
STREET ADDRESS 444 MADISON AVE, STE 501
CITY-ST-ZIP NEW YORK, NY 10022 ☐ Change ☒ Addition

TITLE EVP & ASSISTANT SECRETARY
NAME RICHARD BURGER
STREET ADDRESS 1586 S. LAKESIDE DR
CITY-ST-ZIP WAUKEGAN IL 60085 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD BURGER
EVP/ASST SEC. 9/20/00 847-672-2300
Date Daytime Phone #

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



REINSTATEMENT SP

CR2E034 (5/00)