FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

Aug 06, 2001 8:00 am Secretary of State F98000000569 DOCUMENT # 1. Entity Name CABLE ENGINEERING, INC. 08-06-2001 90001 001 ***550 00 Principal Place of Business Mailing Address 3027 HUNSINGER LANE PO BOX 20816 NUUUUUTU LOUISVILLE KY 40250-0816 LOUISVILLE KY 40220 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State . Applied For City & State 4. FEI Number 61-0967458 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOFF, KAY S Street Address (P.O. Box Number is Not Acceptable) 515 N. FLAGLER DR, SUITE 800 WEST PALM BEACH FL 33401 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. VP-Finance (5/01)Addition TITLE TITLE ☐ Delete Waddle, Richard L. 4300 Dorbrook Rd LACY, PHILLIP M NAME NAMÉ CR2E034 STREET ADDRESS 4230 RIVER RD STREET ADDRESS CITY-ST-ZIP **LOUISVILLE KY 40207** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE ZIEGLER, CYNTHIA S NAME NAME o River Rd STREET ADDRESS STREET ADDRESS 4230 RIVER RD CITY-ST-ZIP LOUISVILLE KY 40207 CITY-ST-ZIP TITLE TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information sopplied 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 the 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 tristee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if