2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# F98000005134

Entity Name: HAVERHILL CABLE AND MANUFACTURING CORPORATION

Current Principal Place of Business:

181 FERRY ROAD
HAVERHILL, MA 01835

New Principal Place of Business:

Current Mailing Address:

181 FERRY ROAD
PO BOX 8222
HAVERHILL, MA 01835

New Mailing Address:

FEI Number: 04-2854453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNEELAND, FOSTER C
6530 NO. OCEAN BLVD.
OCEAN RIDGE, FL 33435 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: KNEELAND, THOMAS C
Address: 181 FERRY ROAD
City-St-Zip: HAVERHILL, MA 018350722

Title: CST ( ) Delete
Name: CASEY, SANDRA A
Address: 181 FERRY ROAD
City-St-Zip: HAVERHILL, MA 018350722

Title: D ( ) Delete
Name: KNEELAND, ELEANOR F
Address: 6530 NO. OCEAN BLVD.
City-St-Zip: OCEAN RIDGE, FL 33435

Title: DV ( ) Delete
Name: KNEELAND, DAVID
Address: 181 FERRY ROAD
City-St-Zip: HAVERHILL, MA 018350722

Title: D ( ) Delete
Name: RUMORE, SUSAN
Address: 181 FERRY ROAD
City-St-Zip: HAVERHILL, MA 018350722

Title: D ( ) Delete
Name: KNEELAND, FOSTER
Address: 6530 N OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA A. CASEY CST 04/29/2008
Electronic Signature of Signing Officer or Director Date