

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90042 044 ***158.75

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1. Entity Name
NORTH AMERICAN CABLE EQUIPMENT, INC.



Principal Place of Business
1085 ANADREW DR.
#A
WEST CHESTER, PA 19380

Mailing Address
1085 ANADREW DR.
#A
WEST CHESTER, PA 19380



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2692118

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BEUGELSDYK, DAVID
2140 NORTH 57TH WAY
HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: David Beugelsdyk 1/18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	SAGER, ED
STREET ADDRESS	570 NOTTINGHAM DRIVE
CITY-ST-ZIP	YARDLEY, PA 19067
TITLE	P
NAME	STARR, AARON
STREET ADDRESS	1704 NEW MARKET COURT
CITY-ST-ZIP	WEST CHESTER, PA 19382
TITLE	V
NAME	RUFO, LAWRENCE
STREET ADDRESS	3311 NORMA DRIVE
CITY-ST-ZIP	THORNDAL, PA 19372
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael P. Owens 1/27/05 670 429-1821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #