

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006710

FILED
Jan 06, 2009
Secretary of State

Entity Name: NORTH AMERICAN CABLE EQUIPMENT, INC.

Current Principal Place of Business:

10036 NW 53RD ST
SUNRISE, FL 333518068

New Principal Place of Business:

Current Mailing Address:

1085 ANDREW DR, SUITE A
WEST CHESTER, PA 19380

New Mailing Address:

FEI Number: 23-2692118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STARR, AARON
10036 NW 53RD ST
SUNRISE, FL 333518068 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: C () Delete
Name: SAGER, ED
Address: 570 NOTTINGHAM DRIVE
City-St-Zip: YARDLEY, PA 19067

Title: P () Delete
Name: STARR, AARON
Address: 1180BERWICK DRIVE
City-St-Zip: WEST CHESTER, PA 19382

Title: V () Delete
Name: RUFO, LAWRENCE
Address: 3311 NORMA DRIVE
City-St-Zip: THORNDALE, PA 19372

Title: () Delete
Name:
Address:
City-St-Zip:

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: CTRL () Change (X) Addition
Name: OWENS, NIKKI D
Address: 1401 BELVIDERE CIRCLE
City-St-Zip: WEST CHESTER, PA 19380

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: NIKKI D. OWENS

CTRL

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date