

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **P04285** (3)

1. Corporation Name

HOUSTON WIRE & CABLE COMPANY

55 MAY -1 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7413 MESA DRIVE
HOUSTON TX 77028

Mailing Address

7413 MESA DRIVE
HOUSTON TX 77028

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 10201 North Loop East

Suite, Apt. #, etc.

22

City & State

23 Houston TX

Zip

24 77029

Country

25 USA

2a. Mailing Address

26 PO BOX 23221

Suite, Apt. #, etc.

27

City & State

28 Houston TX

Zip

29 77228

Country

30 USA

3. Date Incorporated or Qualified

12/07/1984

3a. Date of Last Report

02/03/1994

4. FEI Number

74-1837640

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the # applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUNBAR, JOHN T.
STREET ADDRESS	7413 MESA DRIVE
CITY - ST - ZIP	HOUSTON TX
TITLE	D
NAME	MOORE, WILLIAM H.
STREET ADDRESS	7413 MESA DRIVE
CITY - ST - ZIP	HOUSTON TX
TITLE	D
NAME	GUNTI, RAY C.
STREET ADDRESS	7413 MESA DRIVE
CITY - ST - ZIP	HOUSTON TX
TITLE	DP
NAME	HOLLAND, EDWARD W
STREET ADDRESS	7413 MESA DRIVE
CITY - ST - ZIP	HOUSTON TX
TITLE	VPST
NAME	GRAHAM, NICOL G
STREET ADDRESS	7413 G GRAHAM
CITY - ST - ZIP	HOUSTON TX
TITLE	CAS
NAME	TESSMER, JAMES F
STREET ADDRESS	7413 MESA DR
CITY - ST - ZIP	HOUSTON TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	☒ Change ☐ Addition
12 NAME	Michael T. Flynn	
13 STREET ADDRESS	10201 N. Loop East	
14 CITY - ST - ZIP	HOUSTON, TX 77029	
21 TITLE	D/V	☒ Change ☐ Addition
22 NAME	ERIC S. Blankenship	
23 STREET ADDRESS	10201 N. Loop East	
24 CITY - ST - ZIP	HOUSTON, TX 77029	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS	10201 North Loop East	
34 CITY - ST - ZIP	HOUSTON TX 77029	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS	10201 N. Loop East	
44 CITY - ST - ZIP	HOUSTON TX 77029	
51 TITLE	V/S/T/D	☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS	10201 N Loop East	
54 CITY - ST - ZIP	HOUSTON TX 77029	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS	10201 N Loop East	
64 CITY - ST - ZIP	HOUSTON TX 77029	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 recorder or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John T. Dunbar

Controller / Asst. Secretary

4/26/95

(213) 608-2207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)