

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P08748** (6)
1. Corporation Name
BRAD CABLE ELECTRONICS, INC.



Principal Place of Business Mailing Address
**11 STANWIX ST
C/O WESTINGHOUSE ELEC CORP
PITTSBURG PA 15222
US**

2. Principal Place of Business 2a. Mailing Address
21 11 Stanwix Street **26 11 Stanwix Street**
Suite, Apt. #, etc Suite, Apt. #, etc
22 **27**
City & State City & State
23 Pittsburgh, PA **28 Pittsburgh, PA**
Zip Zip Country Country
24 15222 **25 USA** **29 15222** **30 USA**

3. Date Incorporated or Qualified **01/17/1986** 3a. Date of Last Report **05/16/1995**
4. FEI Number **14-1587892** 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
**THE PRENTICE-HALL CORPORATION SYSTEMS, INC
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301**
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 type for printed name of registered agent and title, if applicable.

(If DTE, Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD HALL, LC	1.1 TITLE	Director
NAME	11 STANWIX ST	1.2 NAME	Morf, C. E.
STREET ADDRESS	PITTSBURG PA	1.3 STREET ADDRESS	11 Stanwix Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Pittsburgh, PA 15222
TITLE		2.1 TITLE	President
NAME		2.2 NAME	Morf, C. E.
STREET ADDRESS		2.3 STREET ADDRESS	11 Stanwix Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Pittsburgh, PA 15222
TITLE		3.1 TITLE	VP - Vice President
NAME		3.2 NAME	Buttgereit, M. K.
STREET ADDRESS		3.3 STREET ADDRESS	11 Stanwix Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Pittsburgh, PA 15222
TITLE		4.1 TITLE	S - Secretary
NAME		4.2 NAME	Bachy, D.M.
STREET ADDRESS		4.3 STREET ADDRESS	11 Stanwix Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Pittsburgh, PA 15222
TITLE		5.1 TITLE	T - Treasurer
NAME		5.2 NAME	Morf, C. E.
STREET ADDRESS		5.3 STREET ADDRESS	11 Stanwix Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Pittsburgh, PA 15222
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 19.07(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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *D. M. Bachy* **D. M. Bachy, Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-96 412-642-5260
Date Telephone

CR2E034 (3/96)