

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P16009** (3)

1. Corporation Name
AMERICAN INSULATED WIRE CORPORATION

Principal Place of Business: **36 FREEMAN ST PAWTUCKET RI 02861 US**
Mailing Address: **36 FREEMAN ST P. O. BOX 890 PAWTUCKET RI 02862-0890 US**

APPROVED AND FILED
MAY - 1 1995 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **09/17/1987**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **05-0097940**
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 § 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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: _____ DATE: _____
Signature, typed or printed name of registered agent (last only) (required) (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	KANNER, EDWIN B.
STREET ADDRESS	36 FREEMAN ST.
CITY - ST - ZIP	PAWTUCKET, RI.
TITLE	S
NAME	SOKOLOW, STEPHEN
STREET ADDRESS	36 FREEMAN ST.
CITY - ST - ZIP	PAWTUCKET, RI.
TITLE	V
NAME	BONDE, WILLIAM J.
STREET ADDRESS	36 FREEMAN ST.
CITY - ST - ZIP	PAWTUCKET, RI.
TITLE	D
NAME	LEVITON, HAROLD
STREET ADDRESS	59-25 LITTLENECK PKWY.
CITY - ST - ZIP	LITTLENECK NY
TITLE	D
NAME	AMSTERDAM, JACK
STREET ADDRESS	59-25 LITTLENECK PKWY.
CITY - ST - ZIP	LITTLENECK NY
TITLE	V
NAME	CHIZEN, HARLAN H.
STREET ADDRESS	36 FREEMAN STREET
CITY - ST - ZIP	PAWTUCKET RI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(B), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harlan H. Chizen* **HARLAN J. CHIZEN** 4/28/95 401-726-0700
VP OF FINANCE