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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 880 PAWTUCKET RI 02862-0880 US

3. Date Incorporated or Qualified: 09/17/1987
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

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 s. 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 (81-85) fields for Name, Street Address, City, and 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Chairman of the Board of Directors
NAME	KANNER, EDWIN B.	1.2 NAME	
STREET ADDRESS	36 FREEMAN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PAWTUCKET, RI.	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	President
NAME	SOKOLOW, STEPHEN	2.2 NAME	
STREET ADDRESS	36 FREEMAN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PAWTUCKET, RI.	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	BONDE, WILLIAM J.	3.2 NAME	
STREET ADDRESS	36 FREEMAN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PAWTUCKET, RI.	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	LEVITON, HAROLD	4.2 NAME	
STREET ADDRESS	59-25 LITTLENECK PKWY.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLENECK NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	AMSTERDAM, JACK	5.2 NAME	
STREET ADDRESS	59-25 LITTLENECK PKWY.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLENECK NY	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	CHIZEN, HARLAN H.	6.2 NAME	
STREET ADDRESS	36 FREEMAN STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	PAWTUCKET RI	6.4 CITY-ST-ZIP	

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14. I do 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 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: _____ DATE: _____

CR2E034 (9/96)