

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90027 003 ***150.00

DOCUMENT # P16009

1. Entity 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 |
|---|---|

707498



DO NOT WRITE IN THIS SPACE

| | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 05-0097940 | | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| Zip | Country | Zip | Country | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | | | 7. Name and Address of New Registered Agent | | | |
| | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City FL Zip Code | | | |

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|-------------------------------|---------------------------------|---|-------------------------|--|
| TITLE | COB | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KANNER, EDWIN B. | | NAME | | |
| STREET ADDRESS | 36 FREEMAN ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | PAWTUCKET, RI. | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOKOLOW, STEPHEN | | NAME | | |
| STREET ADDRESS | 36 FREEMAN ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | PAWTUCKET, RI. | | CITY-ST-ZIP | | |
| TITLE | P. | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BONDE, WILLIAM J. | | NAME | | |
| STREET ADDRESS | 36 FREEMAN ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | PAWTUCKET, RI. | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVITON, HAROLD | | NAME | | |
| STREET ADDRESS | 59-25 LITTLENECK PKWY. | | STREET ADDRESS | | |
| CITY-ST-ZIP | LITTLENECK NY | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | VP Finance | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHIZEN, HARLAN H. J. | | NAME | Chizen, Harlan J | |
| STREET ADDRESS | 36 FREEMAN STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | PAWTUCKET RI | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Harlan J. Chizen VP Finance** 01/17/2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
401 726-0700

CR2E034 (9/99)