

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P16009

1. Entity Name
AMERICAN INSULATED WIRE CORPORATION



Principal Place of Business
**260 FORBES BLVD
MANSFIELD, MA 02048 US**

Mailing Address
**260 FORBES BLVD
MANSFIELD, MA 02048 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

05-0097940

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
WHEELER, ROBERT
260 FORBES BLVD
MANSFIELD, MA 02048**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
DEBIASI, RALPH
59-25 LITTLE NECK PKWY
LITTLE NECK, NY 11362**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
SOKOLOW, STEPHEN
59-25 LITTLE NECK PKWY
LITTLE NECK, NY 11362**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
LEVITON, HAROLD
59-25 LITTLE NECK PKWY
LITTLE NECK, NY 11362**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11000000874558

04/10/08-80124-008-150100

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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☐ Change

☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ma RB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/08

Date

508-964-1200

Daytime Phone #