

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 AM 11:17

DOCUMENT # P23280

(1)

1. Corporation Name

CABLE DESIGN TECHNOLOGIES INC

Principal Place of Business

**661 ANDERSEN DR. FOSTER PLAZA 7
PITTSBURGH PA 15220
US**

Mailing Address

**661 ANDERSEN DR. FOSTER PLAZA 7
PITTSBURGH PA 15220
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1989

3a. Date of Last Report

03/03/1994

4. FEI Number

91-1351700

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when applicable)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VC
CRESSEY, BRIAN C.
120 S LASALLE ST. #630
CHICAGO IL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
OLSON, PAUL M.
FOSTER PLAZA 7, 661 ANDERSEN DR
PITTSBURGH PA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BANNAN, BERNARD J
560 S SAN RAFAEL AVE
PASADENA CA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SV
HALE, KEN
FOSTER PLAZA 7, 661 ANDERSEN DR
PITTSBURGH PA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
HARDEN, DAVE
2833 WEST CHESTNUT
WASHINGTON PA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HARRIS, MICHAEL FO
3140 BANK OF CA. CENTER
SEATTLE WA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**CRESSEY, BRIAN C.
6100 SEARS TOWER
CHICAGO, IL 60606**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 Sections 119.07(2)(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 applicable, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF HIGHLY OFFICER OR DIRECTOR

(DATE)

Signature: _____