FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 3-2-95 B-1703-C

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -2 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P30770 (2)

1. Corporation Name
ALCATEL NA CABLE SYSTEMS, INC.

Principal Place of Business	Mailing Address
39 SECOND ST., N.W. HICKORY NC 28601	39 SECOND ST., N.W. HICKORY NC 28601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/29/1990
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 900
Suite, Apt. #, etc.
27
City & State
28 Hickory, NC
Zip 29 28603 Country 30

4. FEI Number: 13-3379797 ☐ 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

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VST~~	1.1 TITLE	P/T/COO/CFO/D	☒ Change ☐ Addition
NAME	EDWARDS, MARVIN S., JR.	1.2 NAME		
STREET ADDRESS	39 2ND STREET NW	1.3 STREET ADDRESS		
CITY-ST-ZIP	HICKORY NC	1.4 CITY-ST-ZIP		
TITLE	~~D~~	2.1 TITLE	D/Chairman	☒ Change ☐ Addition
NAME	HOUSSIN, OLIVIER	2.2 NAME		
STREET ADDRESS	250 FERRAND DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH YORK ON	2.4 CITY-ST-ZIP		
TITLE	~~AS~~	3.1 TITLE	VP/Asst. S/Controller	☒ Change ☐ Addition
NAME	BOYD, RONALD K.	3.2 NAME		
STREET ADDRESS	39 2ND STREET NW	3.3 STREET ADDRESS		
CITY-ST-ZIP	HICKORY NC	3.4 CITY-ST-ZIP		
TITLE	~~CD~~	4.1 TITLE	S	☒ Change ☐ Addition
NAME	~~PETERSON, JOHN E.~~	4.2 NAME	Patrick J. Noonan	
STREET ADDRESS	~~39 2ND STREET NW~~	4.3 STREET ADDRESS	250 Ferrand Dr.	
CITY-ST-ZIP	~~HICKORY NC~~	4.4 CITY-ST-ZIP	North York, Ontario, Canada M3C 3J4	
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	BOVIS, CLAUDE	5.2 NAME		
STREET ADDRESS	~~10 RUE REMUSAT~~	5.3 STREET ADDRESS	30 rou de Chasses, BP 309,	
CITY-ST-ZIP	~~75016 PARIS, FR~~	5.4 CITY-ST-ZIP	BP 309, 92111 Clichy Codex France	
TITLE	D	6.1 TITLE		☒ Change ☐ Addition
NAME	PLINKE, DR. WOLFGANG	6.2 NAME		
STREET ADDRESS	~~KARLSBADESTR 6~~	6.3 STREET ADDRESS	Kabolkamp 20	
CITY-ST-ZIP	~~W GERMANY~~	6.4 CITY-ST-ZIP	30179 Hannover, W. Germany	

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 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: MS Marvin S. Edwards, Jr., President 2-14-95 (704) 323-1120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0308210 FP