

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 30 1997 8:00am
Secretary of State

DOCUMENT # P30770 (2)
1. Corporation Name
ALCATEL NA CABLE SYSTEMS, INC.



Principal Place of Business

39 SECOND ST., N.W.
HICKORY NC 28601

Mailing Address

PO BOX 900
HICKORY NC 28603-0900
US

3. Date Incorporated or Qualified

08/29/1990

3a. Date of Last Report

03/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME EDWARDS, MARVIN S., JR.
STREET ADDRESS 39 2ND STREET NW
CITY-ST-ZIP HICKORY NC ☐ DELETE

TITLE DCEO
NAME HOUSSIN, OLIVER
STREET ADDRESS 250 FERRAND DRIVE
CITY-ST-ZIP NORTH YORK ON ☐ DELETE

TITLE VPAC
NAME BOYD, RONALD K.
STREET ADDRESS 39 2ND STREET NW
CITY-ST-ZIP HICKORY NC ☐ DELETE

TITLE S
NAME NOONAN, PATRICK J.
STREET ADDRESS 250 FERRAND DR.
CITY-ST-ZIP NORTH YORK ON ☐ DELETE

TITLE D
NAME D'ANGEAC, GILLES DUPUY
STREET ADDRESS 30, RUE DE CHASSES, BP 309
CITY-ST-ZIP 92111 CLICHY CEDEX FR ☒ DELETE

TITLE TS
NAME ISENHOUR, KATHY L.
STREET ADDRESS 39 2ND ST NW
CITY-ST-ZIP HICKORY NC ☐ DELETE

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

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 30, rue Pierre Berégovoy, BP 309
2.4 CITY-ST-ZIP 92111, Clichy Cedex France

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 30, rue Pierre Berégovoy, BP 309
4.4 CITY-ST-ZIP 92111, Clichy Cedex France

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 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE *Ronald K. Boyd* (Ronald K. Boyd, VP

4/14/97

(704)323-1120

CR2E034 (9/96)