

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000088108	
1. Entity Name BELDEN INTERNATIONAL CORP.	

Principal Place of Business 5125 SR 13 NORTH SAINT AUGUSTINE, FL 32092 US	Mailing Address P O BOX 1399 ORANGE PARK, FL 32067-1399 US
---	--

DO NOT WRITE IN THIS SPACE



01242006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-3217942	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARILYN, DOSS B 5125 SR 13N SAINT AUGUSTINE, FL 32092
--

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P DOSS, MARILYN B PO BOX 1399 ORANGE PARK, FL 320671399
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOSS, CALVIN P PO BOX 167 ORANGE PARK, FL 320670167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

U00000436242
02/27/06-00028-022 158.75

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 any address, with all other like empowered.

SIGNATURE: MARILYN B DOSS **PRES.** 2/14/06 (904) 329-8258

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR