2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2008 08:00 A **DOCUMENT # P93000088108 Secretary of State** 1. Entity Name BELDEN INTERNATIONAL CORP. Principal Place of Business Mailing Address P 0 BOX 1399 5125 SR 13 NORTH SAINT AUGUSTINE, FL 32092 ORANGE PARK, FL 32067-1399 US CR2E034 (11/05) 02132008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3217942 Not Applicable \$8.75 Additional Ø 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARILYN, DOSS B DO NOT WRITE 5125 SR 13N SAINT AUGUSTINE, FL 32092 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE DOSS, MARILYN B NAME PO BOX 1399 STREET ADDRESS U00000851567 03/25/08-80030-021 158.75 CITY-ST-ZIP ORANGE PARK, FL 320671399 D TÜE DOSS, CALVIN P NAME STREET ADDRESS PO BOX 167 CITY-ST-ZIP ORANGE PARK, FL 320870167 TILE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 securate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the redeliver or tlustee 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 attach 1, PRESIDENT

SIGNATURF:

TIME NAME STREET ADDRESS CITY-ST-ZIP