2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000023059

Name:

Address:

City-St-Zip:

ZAMOJSKI, MÁRK A

ROCKLEDGE, FL 329561114

POB 561114

Entity Name: WIRE AND CABLE SPECIALTIES, INC.

FILED Jan 07, 2008 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
425 RICHA	ARD RD				
C ROCKLED	OGE, FL 32955	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX ROCKLED	560682 OGE, FL 32956	US			
FEI Number	: 59-3233469	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
5570 ANG COCOA, F The above	FL 329262361 l	JS	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU					
	mpaign Financing	c Signature of Registered Age Trust Fund Contribution ().		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	V () I MULREANY, PEC 5570 ANGLER D COCOA, FL 329	R	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () I MULREANY, TER 5570 ANGLER D COCOA, FL 329	R	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	s ()I	Delete	Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: TERRANCE P MULREANY P 01/07/2008