

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000001643

**Entity Name:** ALLIED WIRE & CABLE, INC.

**Current Principal Place of Business:**

101 KESTREL DRIVE  
COLLEGEVILLE, PA 19426

**Current Mailing Address:**

101 KESTREL DRIVE  
COLLEGEVILLE, PA 19426

**FEI Number:** 23-2500363

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name FLYNN, TIMOTHY P  
Address 101 KESTREL DRIVE  
City-State-Zip: COLLEGEVILLE PA 19426

Title PRESIDENT  
Name FLYNN, DANIEL J.  
Address 101 KESTREL DRIVE  
City-State-Zip: COLLEGEVILLE PA 19426

Title SECRETARY  
Name BURKE, CHRISTOPHER  
Address 101 KESTREL DRIVE  
City-State-Zip: COLLEGEVILLE PA 19426

Title TREASURER  
Name FLYNN, MICHAEL J  
Address 101 KESTREL DRIVE  
City-State-Zip: COLLEGEVILLE PA 19426

Title CFO  
Name O'REILLY, MATTHEW F  
Address 101 KESTREL DRIVE  
City-State-Zip: COLLEGEVILLE PA 19426

*I hereby 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 all other like empowered.*

**SIGNATURE:** CHRISTOPHER BURKE

**SECRETARY**

**04/06/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date