

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000005134

**Entity Name:** HAVERHILL CABLE AND MANUFACTURING CORPORATION**Current Principal Place of Business:**159 FERRY ROAD  
HAVERHILL, MA 01835**Current Mailing Address:**159 FERRY ROAD  
PO BOX 8222  
HAVERHILL, MA 01835**FEI Number:** 04-2854453**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KNEELAND, FOSTER C  
2723 QUAKING LEAF LANE  
BOYNTON BEACH, FL 33436 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           | CP                      |
| Name            | KNEELAND, THOMAS C      |
| Address         | 159 FERRY ROAD          |
| City-State-Zip: | HAVERHILL MA 01835-0722 |

|                 |                         |
|-----------------|-------------------------|
| Title           | CST                     |
| Name            | CASEY, SANDRA A         |
| Address         | 159 FERRY ROAD          |
| City-State-Zip: | HAVERHILL MA 01835-0722 |

|                 |                        |
|-----------------|------------------------|
| Title           | D                      |
| Name            | KNEELAND, ELEANOR F    |
| Address         | 2723 QUAKING LEAF LANE |
| City-State-Zip: | BOYNTON BEACH FL 33436 |

|                 |                         |
|-----------------|-------------------------|
| Title           | D                       |
| Name            | RUMORE, SUSAN           |
| Address         | 159 FERRY ROAD          |
| City-State-Zip: | HAVERHILL MA 01835-0722 |

|                 |                        |
|-----------------|------------------------|
| Title           | D                      |
| Name            | KNEELAND, FOSTER       |
| Address         | 2723 QUAKING LEAF LANE |
| City-State-Zip: | BOYNTON BEACH FL 33436 |

*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: SANDRA A. CASEY****TREASURER****03/26/2013**

---

Electronic Signature of Signing Officer/Director Detail

Date