

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **858457** (5)

1. Corporation Name  
**BICC CABLES CORPORATION**



Principal Place of Business: **ONE CROSFIELD AVENUE WEST NYACK NY 10956 US**  
Mailing Address: **ONE CROSFIELD AVE WEST NYACK NY 10994**

2. Principal Place of Business: 21 Suite, Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **11/15/1983**  
3a. Date of Last Report: **03/16/1995**  
4. FEI Number: **06-1093542**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Date: \_\_\_\_\_)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VSCD</b>	1.1 TITLE	<b>TREASURER</b>
NAME	<b>MCGLONE, ROY V.</b>	1.2 NAME	<b>BERNDORFF, HANS P.</b>
STREET ADDRESS	<b>ONE CROSFIELD AVE</b>	1.3 STREET ADDRESS	<b>ONE CROSFIELD AVENUE</b>
CITY-ST-ZIP	<b>W NYACK NY</b>	1.4 CITY-ST-ZIP	<b>WEST NYACK, NY 10994</b>
TITLE	<b>PCD</b>	2.1 TITLE	
NAME	<b>PAINTER, C.E.</b>	2.2 NAME	
STREET ADDRESS	<b>ONE CROSFIELD AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. NYACK NY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VC</b>	3.1 TITLE	
NAME	<b>CUNNINGHAM, THOMAS J.</b>	3.2 NAME	
STREET ADDRESS	<b>ONE CROSFIELD AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W NYACK NY</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PCD</b>	4.1 TITLE	
NAME	<b>PAINTER, CARL E.</b>	4.2 NAME	
STREET ADDRESS	<b>ONE CROSFIELD AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. NYACK NY</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

<input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas J. Cunningham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 Date: 914-353-4000 Daytime Phone

CR2E034 (12/95)