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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90114 004 ***150.00

UNCLASSIFIED

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **858457**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/15/1983	
21	26	4. FEI Number 06-1093542		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00-May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81 Name	Corporation Service Company		
				82 Street Address (P.O. Box Number is Not Acceptable)	1201 Hays Street		
				83	Tallahassee, Florida 32301		
				84 City	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 office 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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **2/9/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNDORFF, HANS P.	1.2 NAME	
STREET ADDRESS	ONE CROSFIELD AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST NYACK N	1.4 CITY-ST-ZIP	
TITLE	PCD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Chairman of Board, President, CEO, Dir. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAINTER, C.E.	2.2 NAME	George N. Benjamin
STREET ADDRESS	ONE CROSFIELD AVENUE	2.3 STREET ADDRESS	1 Crosfield Avenue
CITY-ST-ZIP	W. NYACK NY	2.4 CITY-ST-ZIP	W. Nyack, NY 10994
TITLE	CVS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer, Secretary & V.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, GLENN	3.2 NAME	Hans P. Berndorff
STREET ADDRESS	ONE CROSFIELD AVE	3.3 STREET ADDRESS	1 Crosfield Avenue
CITY-ST-ZIP	W NYACK NY	3.4 CITY-ST-ZIP	W. Nyack, NY 10994
TITLE	PCD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAINTER, CARL E.	4.2 NAME	Larry Cardiff
STREET ADDRESS	ONE CROSFIELD AVENUE	4.3 STREET ADDRESS	One Crosfield Avenue
CITY-ST-ZIP	W. NYACK NY	4.4 CITY-ST-ZIP	W. Nyack, NY 10994
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **2/9/99** DAYTIME PHONE #: **(914) 353-4000**

CR2E034 (11/98)