

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005406

FILED  
Apr 13, 2004  
Secretary of State

Entity Name: AFC CABLE SYSTEMS, INC.

## Current Principal Place of Business:

272 DUCHANE BLVD  
NEW BEDFORD, MA 02745 US

## New Principal Place of Business:

272 DUCHAINE BLVD.  
NEW BEDFORD, MA 02745 US

## Current Mailing Address:

P.O. BOX 3038  
BOCA RATON, FL 334310938 US

## New Mailing Address:

PO BOX 8749  
PRINCETON, NJ 08543 US

FEI Number: 95-1517994      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
FORT LAUDERDALE, FL 33324

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MEAD, ROBERT P  
Address: 273 CORPORATE DRIVE, SUITE 100  
City-St-Zip: PORTSMOUTH, NH 03801

Title: T ( ) Delete  
Name: ROBINSON, MICHAEL A  
Address: ONE TOWN CENTER ROAD  
City-St-Zip: BOCA RATON, FL 33486

Title: D ( ) Delete  
Name: FLANIGAN, TIMOTHY E  
Address: 9 WEST 57TH ST, 43RD FL  
City-St-Zip: NEW YORK, NY 10019

Title: VPAT (X) Delete  
Name: STEVENSON, SCOTT  
Address: ONE TOWN CENTER ROAD  
City-St-Zip: BOCA RATON, FL 33486

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MEAD, ROBERT P  
Address: 272 DUCHAINE BLVD.  
City-St-Zip: NEW BEDFORD, MA 02745

Title: S (X) Change ( ) Addition  
Name: STAFFORD, RYAN K  
Address: 272 DUCHAINE BLVD.  
City-St-Zip: NEW BEDFORD, MA 02745

Title: T (X) Change ( ) Addition  
Name: HUND-MEJEAN, MARTINA  
Address: 272 DUCHAINE BLVD.  
City-St-Zip: NEW BEDFORD, MA 02745

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: ROBERT PETER MEAD

P

04/13/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date