

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005406

Entity Name: AFC CABLE SYSTEMS, INC.

FILED  
Apr 15, 2005  
Secretary of State

**Current Principal Place of Business:**

272 DUCHAINE BLVD.  
NEW BEDFORD, MA 02745 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8749  
PRINCETON, NJ 08543 US

**New Mailing Address:**

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 US

**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: 272 DUCHAINE BLVD.  
City-St-Zip: NEW BEDFORD, MA 02745

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: D ( ) Change (X) Addition  
Name: CHIA, DOUGLAS K  
Address: 272 DUCHAINE BLVD  
City-St-Zip: NEW BEDFORD, MA 02745 US

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 MEAD

P

04/15/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date