

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P23280** (1)

1. Corporation Name
CABLE DESIGN TECHNOLOGIES INC



Principal Place of Business: **661 ANDERSEN DR. FOSTER PLAZA 7 PITTSBURGH PA 15220 US**
Mailing Address: **661 ANDERSEN DR. FOSTER PLAZA 7 PITTSBURGH PA 15220 US**

3. Date Incorporated or Qualified: **03/06/1989**
3a. Date of Last Report: **02/24/1995**
4. FEI Number: **91-1351700**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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, typed or printed name of registered agent (and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRESSEY, BRIAN C.	1.2 NAME	
STREET ADDRESS	6100 SEARS TOWER	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, PAUL M.	2.2 NAME	
STREET ADDRESS	FOSTER PLAZA 7, 661 ANDERSEN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURG PA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANNAN, BERNARD J	3.2 NAME	
STREET ADDRESS	560 S SAN RAFAEL AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA	3.4 CITY-ST-ZIP	
TITLE	SV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, KEN	4.2 NAME	
STREET ADDRESS	FOSTER PLAZA 7, 661 ANDERSEN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURG PA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDEN, DAVE	5.2 NAME	
STREET ADDRESS	2833 WEST CHESTNUT	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON PA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, MICHAEL FO	6.2 NAME	
STREET ADDRESS	3140 BANK OF CA. CENTER	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	6.4 CITY-ST-ZIP	

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, on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

(412) 937-2300
Daytime Phone #

CR2E034 (12/95)