

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 25 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P23280 (1)**

**1. Corporation Name**  
**CABLE DESIGN TECHNOLOGIES INC**



<b>Principal Place of Business</b> 661 ANDERSEN DR. FOSTER PLAZA 7 PITTSBURGH PA 15220 US	<b>Mailing Address</b> 661 ANDERSEN DR. FOSTER PLAZA 7 PITTSBURGH PA 15220 US
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> 03/06/1989	
<b>21</b>	Suite, Apt #, etc.	<b>26</b>	Suite, Apt #, etc.	<b>4. FEI Number</b> 91-1351700	Applied For <input type="checkbox"/> Not Applicable
<b>22</b>	City & State	<b>27</b>	City & State	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b>	Zip	<b>28</b>	Zip	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b>	Country	<b>29</b>	Country	<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				<b>81</b>	Name
				<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)
				<b>83</b>	
				<b>84</b>	City

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. 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	PITTSBURGH PA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANNAN, BERNARD J	3.2 NAME	DIRECTOR
STREET ADDRESS	560 S SAN RAFAEL AVE	3.3 STREET ADDRESS	GLEW KALNASKY
CITY-ST-ZIP	PASADENA CA	3.4 CITY-ST-ZIP	3140 BANK OF CA. CENTER
TITLE	SV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, KEN	4.2 NAME	SEATTLE, WA.
STREET ADDRESS	FOSTER PLAZA 7, 661 ANDERSEN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH 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 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 in an attachment with an address.**

SIGNATURE: \_\_\_\_\_ 2/13/98 (412) 937-2300

CR2E034 (10/97)