

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90093 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P23280
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 03/06/1989	Applied For Not Applicable
4. FEI Number 91-1351700	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VC	<input type="checkbox"/> DELETE
NAME	CRESSEY, BRIAN C.	
STREET ADDRESS	6100 SEARS TOWER	
CITY-ST-ZIP	CHICAGO IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	OLSON, PAUL M.	
STREET ADDRESS	FOSTER PLAZA 7, 661 ANDERSEN DR	
CITY-ST-ZIP	PITTSBURG PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KALNASY, GLEN	
STREET ADDRESS	3140 BANK OF CA CENTER	
CITY-ST-ZIP	SEATTLE WA	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	HALE, KEN	
STREET ADDRESS	FOSTER PLAZA 7, 661 ANDERSEN DR	
CITY-ST-ZIP	PITTSBURG PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARDEN, DAVE	
STREET ADDRESS	2833 WEST CHESTNUT	
CITY-ST-ZIP	WASHINGTON PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRIS, MICHAEL FO	
STREET ADDRESS	3140 BANK OF CA. CENTER	
CITY-ST-ZIP	SEATTLE WA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Kenneth O. Hale* **Kenneth O. Hale** *2/23/99* (412) 937-2300
 Vice President Date Daytime Phone #

CR2E034 (1/198)