

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90168 015 \*\*\*150.00

**DOCUMENT # P23280**  
 1. Entity Name  
**CABLE DESIGN TECHNOLOGIES INC**

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

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**91-1351700**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRMAN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CRESSEY, BRYAN C.</b> <b>SEARS TOWER, 44TH FL., 233 WACKER DRIVE</b> <b>CHICAGO, IL. 60606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>KALNASY, GLENN</b> <b>U.S. BANK CENTER, 1420 5TH AVE., SUITE 3670</b> <b>SEATTLE, WA. 98101-2333</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>HARRIS, MICHAEL F.O.</b> <b>U.S. BANK CENTER, 1420 5TH AVE., SUITE 3670</b> <b>SEATTLE, WA. 98101-2333</b>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN HALE      Date: 2/2/00      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)