

1.) CORPORATION NAME:

Belden Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **11/30/2011**

SCC ID NO: **F1808569**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000,000
PREFER	2,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: SUITE 800 7733 FORSYTH BOULEVARD

CITY/ST/ZIP: SAINT LOUIS, MO 63105-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN S STROUP	
TITLE:	P,CEO	
ADDRESS:	7733 FORSYTH BOULEVARD SUITE 800	
CITY/ST/ZIP/CO:	SAINT LOUIS, MO 63105-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	HENK DERKSEN	
TITLE:	VP,TREA	
ADDRESS:	7733 FORSYTH BOULEVARD SUITE 800	
CITY/ST/ZIP/CO:	SAINT LOUIS, MO 63105-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOHN NORMAN	
TITLE:	VP FINANCE EMEA	
ADDRESS:	7733 FORSYTH BLVD., STE 800	
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63105-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KEVIN L BLOOMFIELD	
TITLE:	SECRETARY	
ADDRESS:	7733 FORSYTH BOULEVARD SUITE 800	
CITY/ST/ZIP/CO:	SAINT LOUIS, MO 63105-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHRISTOPHER ALLEN	
TITLE:	ASST SECRETARY	
ADDRESS:	7733 FORSYTH BLVD., STE 800	
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63105-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHELLE LONG ASST TREASURER 7733 FORSYTH BLVD., STE 800 ST. LOUIS, MO 63105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GRAY BENOIST CFO 7733 FORSYTH BLVD., STE 800 ST. LOUIS, MO 63105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE BIEGACKI SVP SALES & MKG 7733 FORSYTH BLVD., STE 800 ST. LOUIS, MO 63105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPH GUSENLEITNER EVP EMEA OPS 7733 FORSYTH BLVD., STE 800 ST. LOUIS, MO 63105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NARESH KUMRA EVP ASIA OPS 7733 FORSYTH BLVD., STE 800 ST. LOUIS, MO 63105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHY STAPLES SVP HUMAN RES 7733 FORSYTH BLVD., STE 800 ST. LOUIS, MO 63105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENIS SUGGS EVP AMERICA OPS 7733 FORSYTH BLVD., STE 800 ST. LOUIS, MO 63105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID ALDRICH DIRECTOR 7733 FORSYTH BOULEVARD SUITE 800 SAINT LOUIS, MO 63105-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LORNE D BAIN DIRECTOR 7733 FORSYTH BOULEVARD SUITE 800 SAINT LOUIS, MO 63105-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LANCE BALK DIRECTOR 7733 FORSYTH BLVD., STE 800 ST. LOUIS, MO 63105-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JUDY BROWN TITLE: DIRECTOR ADDRESS: 7733 FORSYTH BLVD., STE 800 CITY/ST/ZIP/CO: ST. LOUIS, MO 63105-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BRYAN CRESSEY TITLE: DIRECTOR ADDRESS: 7733 FORSYTH BLVD., STE 800 CITY/ST/ZIP/CO: ST. LOUIS, MO 63105-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GLENN KALNASY TITLE: DIRECTOR ADDRESS: 7733 FORSYTH BLVD., STE 800 CITY/ST/ZIP/CO: ST. LOUIS, MO 63105-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARY MCLEOD TITLE: DIRECTOR ADDRESS: 7733 FORSYTH BLVD., STE 800 CITY/ST/ZIP/CO: ST. LOUIS, MO 63105-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE MINNICH TITLE: DIRECTOR ADDRESS: 7733 FORSYTH BLVD., STE 800 CITY/ST/ZIP/CO: ST. LOUIS, MO 63105-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN MONTER TITLE: DIRECTOR ADDRESS: 7733 FORSYTH BLVD., STE 800 CITY/ST/ZIP/CO: ST. LOUIS, MO 63105-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BERNARD RETHORE TITLE: DIRECTOR ADDRESS: 7733 FORSYTH BLVD., STE 800 CITY/ST/ZIP/CO: ST. LOUIS, MO 63105-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ MICHELLE LONG _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHELLE LONG, ASST TREASURER _____ PRINTED NAME AND CORPORATE TITLE
10/20/2011 _____ DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	