

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90310 050 \*\*\*758.75

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**DOCUMENT # F99000002622**

1. Entity Name  
**TYCO SUBMARINE SYSTEMS LTD. CO.**

Principal Place of Business  
**60 COLOMBI TURNPIKE  
 MORRISTOWN NJ 07960**

Mailing Address  
**60 COLOMBI TURNPIKE  
 MORRISTOWN NJ 07960**

2. Principal Place of Business  
**60 Columbia Turnpike**  
 Suite, Apt. #, etc. **Bldg A**  
 City & State **Morristown NJ**  
 Zip **07960** Country **USA**

3. Mailing Address  
**Mailing Address:**  
 Tax Department, 8<sup>th</sup> Floor  
 PO Box 5035  
 Boca Raton, FL 33431-0835  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **12-3138465** Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GARVEY, NEIL</b> <b>60 COLOMBI TURNPIKE</b> <b>MORRISTOWN NJ 07960</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>also Director</b> <b>60 Columbia Turnpike Bldg. A</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>MOROZE, M. BRIAN</b> <b>ONE TYCO PARK</b> <b>EXETER NH 03833</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>VAN ROSSUM, DAVID</b> <b>ONE TOWN CENTER RD</b> <b>BOCA RATON FL 33486</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100 Domain Drive</b> <b>Exeter NH 03833</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ROBINSON, MICHAEL</b> <b>712 FIFTH AVE</b> <b>NEW YORK NY 10019</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>One Town Center Rd</b> <b>Boca Raton FL 33486</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP / Asst. Treasurer</b> <b>Scott Stevenson</b> <b>One Town Center Rd</b> <b>Boca Raton FL 33486</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:** *Scott Stevenson* **REQUIRED** **Scott Stevenson** **VP/Assistant Treasurer** **2/20/01** **(561) 988-7823**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)