

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001780

Entity Name: TYCO THERMAL CONTROLS LLC

FILED
Apr 12, 2007
Secretary of State

Current Principal Place of Business:

2415 BAY ROAD
REDWOOD CITY, CA 94063

New Principal Place of Business:

Current Mailing Address:

PO BOX 8749
PRINCETON, NJ 08543

New Mailing Address:

FEI Number: 65-1007284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FLANIGAN, TIMOTHY E
Address: 2415 BAY ROAD
City-St-Zip: REDWOOD CITY, CA 94063

Title: MGR () Delete
Name: MOROZE, M. BRIAN
Address: 2415 BAY ROAD
City-St-Zip: REDWOOD CITY, CA 94063

Title: MGR () Delete
Name: MEAD, ROBERT P
Address: 2415 BAY ROAD
City-St-Zip: REDWOOD CITY, CA 94063

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GURSAHANEY, NAREN K
Address: 2415 BAY ROAD
City-St-Zip: REDWOOD CITY, CA 94063

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: JENKINS, JOHN S JR.
Address: 2415 BAY ROAD
City-St-Zip: REDWOOD CITY, CA 94063

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AMY EHNES

POA

04/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date