2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P94000088939** TYCO PRINTED CIRCUIT GROUP INC.

FILED May 01, 2000 8:00 am Secretary of State

				05-01-2000 90364 012 ***150.00		
Principal Place of Business 11 TYCO DRIVE STAFFORD SPRINGS CT 06075-0145 US		Mailing Address				
		C/O TAX DEPARTMENT ONE TOWN CENTER ROAD BOCA RATON FL 33486-1002				
2 Principal D	Mana of Quainage	3. Mailing Address	<u> </u>			
2. Principal Place of Business		70 Box 5035		I HADELLOOK LIEU ERKIL BERKIL BRAKK BRAKK BRAKK BRAKK LOKAK LOKAK HELOOK KIKIN IDK		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		KIN-JIN-ZUUU 1	Applied For Not Applicable	
Zip	Country	Zip 33431-0835	Country USA	5 Certificate of Status Desired S8.75 Additiona		
	C. Nome and Address of Current		73/1	7. Name and Address of New Registered Agent		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent		
CT CORPORTATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
FLAN	VIATION FE 33324		City	FL Zip Code		
8. The above	named entity submits this statement fo	the purpose of changing its r	ealstered office or	registered agent, or both, in the State of Florida.		
9. This corpo Tax filing re	Signature, typed or printed name of registered agent a prattion is eligible to satisfy its Intangible requirement and elects to do so.	<u> </u>	FEE IS \$150.0 0 Fee will be \$5	50.00 Trust Fund Contribution.		
11.	OFFICERS AND	<u></u>	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	ン ソ	
TITLE	PD	Delete	TITLE	President Change V	Addition	
NAME	GARVEY, NEIL		NAME	Skven Gandnev		
STREET ADDRESS	340 MT. KEMBLE AVENUE	_	STREET ADDRESS	11 Tyco Drive		
CITY-ST-ZIP	MORRISTOWN NJ 07960		CITY-ST-ZIP	Stafford Springs, CT 06075-0145		
TITLE	VP	Delete	TITLE		Addition	
NAME STREET ADDRESS	Guarnieri, John J 51 Rutherford Road		NAME STREET ADDRESS	Scott Stevenson One Town Center Rd		
CITY-ST-ZIP	CHELMSFORD MA 01824		CITY-ST-ZIP	Boca Raton, FI 33486		
TITLE	SEC SEC	☐ Delete	TITLE		Addition	
NAME	MOROZE, M. BRIAN	☐ Detete	NAME	- Stimings		
STREET ADDRESS	34 PINE STREET		STREET ADDRESS			
CITY-ST-ZIP	EXETER FL 03833		CITY-ST-ZIP			
UITT-01-ZIF					Addition	
	T	□ Delete	TITLE	☐ Change ☐	· idairion	
TITLE NAME	T ROBINSON, MICHAEL A	☐ Delete	TITLE NAME	☐ Change	, addition	
TITLE	T	☐ Delete		☐ Change ☐	, idailion	
TITLE NAME	T ROBINSON, MICHAEL A	☐ Delete	NAME	☐ Change ☐		
TITLE NAME STREET ADDRESS	T ROBINSON, MICHAEL A ONE TOWN CENTER ROAD	☐ Delete	NAME STREET ADDRESS		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, MICHAEL A ONE TOWN CENTER ROAD		NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	T ROBINSON, MICHAEL A ONE TOWN CENTER ROAD BOCA RATON FL 33486 V		NAME STREET ADDRESS CITY-ST-ZIP TITLE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	T ROBINSON, MICHAEL A ONE TOWN CENTER ROAD BOCA RATON FL 33486 V MATTFOLK, JEFFREY D		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	T ROBINSON, MICHAEL A ONE TOWN CENTER ROAD BOCA RATON FL 33486 V MATTFOLK, JEFFREY D ONE TOWN CENTER ROAD		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, MICHAEL A ONE TOWN CENTER ROAD BOCA RATON FL 33486 V MATTFOLK, JEFFREY D ONE TOWN CENTER ROAD BOCA RATON FL 33486 V	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	T ROBINSON, MICHAEL A ONE TOWN CENTER ROAD BOCA RATON FL 33486 V MATTFOLK, JEFFREY D ONE TOWN CENTER ROAD BOCA RATON FL 33486 V BELNICK, MARK	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	T ROBINSON, MICHAEL A ONE TOWN CENTER ROAD BOCA RATON FL 33486 V MATTFOLK, JEFFREY D ONE TOWN CENTER ROAD BOCA RATON FL 33486 V	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ Change ☐	Addition	

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 appears, with all or possible empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Scott Stevenson Vice President/Asst. Treasurer