4-21-95 15 4/27/95

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 21 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **823909** **(7)**

1. Corporation Name
TYCO INTERNATIONAL LTD., INC.

Principal Place of Business	Mailing Address
ONE TYCO PARK EXETER, N.H. 03833	ONE TYCO PARK EXETER, N.H. 03833

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1969
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 04-2297459 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	KOZLOWSKI, L. DENNIS	12 NAME	
STREET ADDRESS	10 RUNNYMEDE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	N HAMPTON NH	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	ARMACOST, JOHN	22 NAME	
STREET ADDRESS	5 RUNNYMEDE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	N. HAMPTON, NH.	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	BERMAN, JOSHUA M.	32 NAME	
STREET ADDRESS	900 PARK AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	GUTIN, IRVING	42 NAME	
STREET ADDRESS	4 POND PATH	43 STREET ADDRESS	
CITY-ST-ZIP	NORTH HAMPTON NH	44 CITY-ST-ZIP	
TITLE	AT	51 TITLE	☐ Change ☐ Addition
NAME	ABROMEIT, RICHARD H.	52 NAME	
STREET ADDRESS	63 RODGERS RD	53 STREET ADDRESS	
CITY-ST-ZIP	CARLISLE MA	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	MILLER, BARBARA S.	62 NAME	
STREET ADDRESS	25 ASPEN DR	63 STREET ADDRESS	
CITY-ST-ZIP	ATKINSON NH	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara S. Miller 4-16-96 603 778-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Barbara S. Miller Treasurer

0488740 FN