

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-01-2000 90427 011 ***150.00

DOCUMENT # 823909

1. Entity Name

TYCO INTERNATIONAL (US) INC.

Principal Place of Business

Mailing Address

**ONE TYCO PARK
 EXETER, N.H. 03833**

**ONE TOWN CENTER RD.
 BOCA RATON FL 33486-1002**

649240



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**TYCO INTERNATIONAL (US) INC.
 ONE TOWN CENTER ROAD
 P.O. BOX 5035
 BOCA RATON, FL 33431-0835**

4. FEI Number **04-2297459**

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

**CT CORPORATION SYSTEM
 1200 S. 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

Signature/typed or printed name of registered agent and title if applicable.

(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 \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 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	DP	<input type="checkbox"/> Delete
NAME	KOZLOWSKI, L. DENNIS	
STREET ADDRESS	167 LITTLE HARBOR RD	
CITY-ST-ZIP	NEWCASTLE NH	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUTIN, IRVING	
STREET ADDRESS	ONE TYCO PARK	
CITY-ST-ZIP	EXETER NH 03833	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEELIA, RICHARD	
STREET ADDRESS	15 HAMPSHIRE ST	
CITY-ST-ZIP	MANSFIELD MA 02048	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	SWARTZ, MARK H	
STREET ADDRESS	ONE TYCO PARK	
CITY-ST-ZIP	EXETER NH 03833	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BOGGESE, JERRY R	
STREET ADDRESS	ONE TOWN CENTER RD.	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	VO	<input checked="" type="checkbox"/> Delete
NAME	DESMOND, WENDY	
STREET ADDRESS	100 W. BROADWAY, STE 5000	
CITY-ST-ZIP	LONG BEACH CA 90802	

TITLE	CEO, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael A. Robinson	
STREET ADDRESS	One Town Center Rd.	
CITY-ST-ZIP	Boca Raton FL 33486	
TITLE	VP / Asst Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Stevenson	
STREET ADDRESS	One Town Center Rd.	
CITY-ST-ZIP	Boca Raton FL 33486	

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

**Scott Stevenson -
 Vice President/Asst. Treasurer**

4/25/00

Date

(561) 988-7823

Daytime Phone #

CR2E034 (9/99)