## 2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # 828216  1. Entity Name  GRINNELL CORPORATION  |   |  |                                       |                  | May 01, 2000 8:00 am<br>Secretary of State               |                                       |                             |
|--|---|--|---------------------------------------|------------------|--|---------------------------------------|-----------------------------|
| GHINNE   | LL GURPURATION  |  |                                       |                  | 05-01-2000 9043  |                                       |                             |
| Principal Plac   | ce of Business  | Mailing Address  |                                       |                  |  |                                       |                             |
| ATTN: TAX DEPARTMENT<br>3 TYCO PARK<br>EXETER NH 03833   |   | ATTN: TAX DEPARTMENT<br>3 TYCO PARK<br>EXETER NH 03833-2923  |                                       |                  |  |                                       |                             |
| 2. Principal Place of Business   |   | 3. Mailing Address   |                                       |                  |  |                                       |                             |
| Suite, Apt. #, etc.  |   | Suite, Apt. TYSE INTERNATIONAL (US) INC. ONE TOWN CENTER ROAD  |                                       |                  | DO NOT WRITE IN  | THIS SPACE                            |                             |
| City & State   |   | City & State   |                                       |                  | 4. FEI Number 05-0346132                                 | <del></del>                           | oplied For<br>ot Applicable |
| Zip  | Country   | Zip  | Country                               |                  |  | □ \$8.75 Add<br>Fee Require           |                             |
|  | 6. Name and Address of Current I  | Registered Agent   | Name                                  | 7                | 7. Name and Address of New Regis                         | tered Agent                           |                             |
| 1200   | CORPORATION SYSTEM<br>O S. PINE ISLAND ROAD<br>NTATION FL 33324           |  | <u></u>                               | ddress (P.C      | ). Box Number is Not Acceptable)                         | · · · · · · · · · · · · · · · · · · · |                             |
|  |   |  | City                                  |                  |  | FL Zip Cod                            | e                           |
| 8. The above   | named entity submits this statement for                                   | the purpose of changing its r  | egistered office or                   | r registered     | agent, or both, in the State of Florida                  |                                       |                             |
|  |   |  |                                       |                  |  |                                       |                             |
| SIGNATURE  | Signature, typed or printed name of registered agent a                    | nd title if applicable. (NOTE:   | Registered Agent signat               | ure required who | en reinstating)  | DATE                                  | <del></del>                 |
| 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 Sta |                                       | 550.00           | 10. Election Campaign Financ<br>Trust Fund Contribution. | · +0.0                                | O May Be<br>I to Fees       |
| 11,  | OFFICERS AND  |  | 12.                                   |                  | ADDITIONS/CHANGES TO OFFICER                             |                                       |                             |
| NAME STREET ADDRESS CITY-ST-ZIP  | P<br>  Boggess, Jerry R<br>  1750 Clint Moore RD<br>  Boca Raton Fl 33431 | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                  | Fown Center Rd<br>Raton Fl 33486                         | Change                                | ☐ Addition                  |
| TITLE<br>NAME  | D<br>Kozlowski, Dennis L  | Delete   | TITLE<br>NAME                         | VP1              | Asst Treasurer<br>t Skvenson                             | Change                                | Addition                    |
| STREET ADDRESS<br>CITY-ST-ZIP  | 1 TYCO PARK<br>EXTER NH   |  | STREET ADDRESS<br>CITY-ST-ZIP         | One<br>Boxa      | Town Center Rd<br>Ration F1 33486                        |                                       |                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | D<br>GUTIN, IRVING<br>1 TYCO PARK<br>EXETER NH 03833                      | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                  |  | ☐ Change                              | Addition                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | VS<br>DOHERTY, BERNARD J<br>1 TYCO PARK                                   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                  |  | ☐ Change                              | Addition                    |
| TITLE  | T PORTUGAL MICHAELA   | ☐ Delete   | TITLE                                 |                  |  | Change                                | ☐ Addition                  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ROBINSON, MICHAEL A 1 TYCO PARK EXETER NH 03833                           |  | NAME STREET ADDRESS CITY-ST-ZIP       |                  | own Center Rd<br>Raton, Fl 33486                         |                                       |                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | AS<br>LOMBARDOZZI, BRENDA E<br>1 TYCO PARK<br>EXETER NH 03833             | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                  | ,  | ☐ Change                              | ☐ Addition                  |

13. I hereby certify that the information supplied with this filling 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. Scott Stevenson Vice President/Asst. Treasurer SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O

(561) 988 - 7823