

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000380

1. Entity Name  
TYCO PRINTED CIRCUIT GROUP LP



Principal Place of Business  
11 TYCO DRIVE  
STAFFORD SPRINGS CT 06075

Mailing Address  
TAX DEPARTMENT, 8TH FLOOR  
PO BOX 3038  
BOCA RATON FL 33431-0938

FILED

03 SEP 16 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH



2. Principal Place of Business		3. Mailing Address		9/16	DUE BY SEPTEMBER 24, 2003
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0958418	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # F99000004907	NAME SIGMA GP HOLDING, INC.	STREET ADDRESS	
STREET ADDRESS 400 MATTHEW STREET		CITY-ST-ZIP	
CITY-ST-ZIP SANTA CLARA CA 95050			
DOCUMENT #	NAME	STREET ADDRESS	
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CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GEN

J. William McArthur, Jr.  
VP/Asst. Treas.

9/11/03  
Date

Daytime Phone #

CP2E003 (4/03)

0001213 AT