## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

·F01000000543 DOCUMENT#

1. Entity Name

FIRE PRODUCTS GP HOLDING,	, INC.	9
Principal Place of Business ONE TYCO PARK EXETER NH 03833	Mailing Address ONE TYCO PARK EXETER NH 03833	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_
City & State	City & State	_
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FILED May 16, 2003 8:00 am Secretary of State

05-16-2003 90182 035 \*\*\*150.00

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City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  See Address of Current Registered Agent  T. Name and Address of New Registered Agent  T. Name and Ad	2. Principal P		3. Mailing Addr	ress	<del></del>					
City & State  City & State  City & State  City & State  Country  Country  Country  Solution  Sol										
Country   Zip   Country   Zip   Country   S. Certilicate of Status Desired   S8.75 Addisonal Pere Required For Required Agent   7. Name and Address of New Registered Agent   7. Name and Address of New Reg	Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			□ сн	ECK HERE IF MAKIN	G CHANGES	i
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  FL Z.p Codo  8. The above named onlity submits this statoment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmiser with, and accertable in the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE NAME NAME SWEET AURIESS  OTY-51-2P  FOLEY, MARK D  Delete TILE VAT  TILE VAT  TILE VAT  TILE NAME SWEET AURIESS  OTY-51-2P  TOUR TOWN CENTER ROAD SWEET AURIESS  OTY-51-2P  TILE NAME ROBINSON, MICHAEL A TYPE FILE THAN END TILE NAME ROBINSON, MICHAEL A TYPE FILE THAN END TILE NAME ROBINSON, MICHAEL A TYPE FILE THAN END TILE NAME ROBINSON, MICHAEL A TYPE FILE THAN END TILE NAME ROBINSON, MICHAEL A TYPE FILE THAN END TILE NAME ROBINSON, MICHAEL A TYPE FILE THAN END TILE NAME ROBINSON, MICHAEL A TYPE FILE THAN END TILE NAME ROBINSON, MICHAEL A TYPE FILE THAN END TILE NAME ROBINSON, MICHAEL A TYPE FILE THAN END TILE NAME ROBINSON, MICHAEL A TYPE FILE THAN END TILE NAME ROBINSON, MICHAEL A TYPE FILE THAN END TILE NAME ROBINSON, MICHAEL A TYPE FILE THAN END TILE NAME ROBINSON, MICHAEL A TYPE FILE THAN END TILE NAME ROBINSON, MICHAEL A TYPE FILE THAN END TILE NAME ROBINSON, MICHAEL A TYPE FILE THAN END TILE NAME ROBINSON, MICHAEL A TYPE FILE THAN END TILE NAME ROBINSON, MICHAEL A TYPE FILE THAN END TILE NAME ROBINSON, MICHAEL A TYPE FILE THAN END TILE NAME ROBINSON, MICHAEL A TYPE FILE NAME ROBINSON, MICHAEL A TYPE FILE THAN END TILE NAME ROBINSON, MICHAEL A TYPE FILE THAN END	City & Stat	е	City & State				4. FEI Number 58-	2473927		pplied For ot Applicable
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  City  City  City  City  City  City  City  FL Zip Code  8. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accertified the obligations of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  Affect May 1, 2003 Fee with be \$550.00  Make Check Payable to Prinded Department of State  10. OFFICERS AND DIRECTORS	Zip	Country	Zip	Cou	ntry		5. Certificate of Statu	s Desired		
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1200 SOUTH PINE ISLAND ROAD   PLANTATION FL 33324	O T 0000	ODATION OVETEN			Name			•		
City   FL   Zip Code					Street A	ddress (F	O. Box Number is Not	Acceptable)		
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THE ODDITIONS OF registered agent.  SIGNATURE  Sonature hypot or preads never of registered agent and one if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT	O The box								<u>-                                      </u>	
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12. 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		L <del></del>	this filing does not			ed in Sec	tion 119 07/3V(i) Florid	a Statutes I further or	artify that the i	pformation

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Scott Stevenson VP/Assistant Treasurer

Dεte

Daytime Phone #

4.	Affachment	90135616
. Ye	(Untitled)	90135616 F01000000543
Position Type	Name	Title
Officer	Stafford, Ryan K.	Secretary
Officer	Stevenson, Scott	Vice President
Officer	Friedman, Joseph	Assistant Treasurer
Officer	Swartz, Mark H.	Vice President
Officer	Stafford, Ryan K.	Vice President
Officer	Brinkman, Robert J. Jr.	Vice President
Officer	Scoff, Rose Carter	Assistant Secretary
Officer	Guarnieri, John J.	Vice President
Officer	Robinson, Michael A.	Treasurer
Officer	Stevenson, Scott	Assistant Treasurer
Director	Flanigan, Timothy E.	Director
Officer	Gutin, Irving	Vice President
Director	Moroze, M. Brian	Director
Director	Mead, Robert P.	Director
Officer	Mead, Robert P.	President
Officer	Foley, Mark D.	Vice President