2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003220

Entity Name: TYCO SAFETY PRODUCTS US, INC.

FILED Apr 19, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
ONE TOWN CENTER ROAD BOCA RATON, FL 334861010				ONE TOWN CENTER ROAD LEGAL DEPARTMENT BOCA RATON, FL 334861010				
Current Mailing Address:				New Mailing Address:				
BOCA RATON, FL 334861010			ONE TOWN CENTER ROAD LEGAL DEPARTMENT BOCA RATON, FL 334861010					
FEI Number:	01-0650063	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate	e of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US 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.								
SIGNATUR		0: 1 (D) :1 14	•					
Election Cam		Signature of Registered Agent Trust Fund Contribution ().			L)ate		
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () D MOROZC, M. BR	Delete IAN E DRIVE, STE. 100		Title: Name: Address: City-St-Zip:	P ROBINSON,	(X) Change(DAVID E CENTER ROA) Addition	
Title: Name: Address: City-St-Zip:	D () D HUND-MEJEAN, N 9 ROSZEL ROAD PRINCETON, NJ)		Title: Name: Address: City-St-Zip:	S COURSON, O ONE TOWN BOCA RATO	CENTER) Addition	
Title: Name: Address: City-St-Zip:	D () C REINSDORF, JUI 9 ROSZEL ROAD PRINCETON, NJ)		Title: Name: Address: City-St-Zip:	HUND-MEJE	(X) Change(AN, MARTINA CENTER ROAI N, FL 33486		
Title: Name: Address: City-St-Zip:	P (X) E ROBINSON, DAV ONE TOWN CEN BOCA RATON, FI	TER ROAD		Title: Name: Address: City-St-Zip:		()Change() Addition	
Title: Name: Address: City-St-Zip:	VP (X) E BONAGURO, MAI ONE TOWN CEN BOCA RATON, FI	TER ROAD		Title: Name: Address: City-St-Zip:		()Change() Addition	
Title: Name: Address: City-St-Zip:	S (X) E KALOGEROU, BY ONE TOWN CEN BOCA RATON, FI	TER ROAD		Title: Name: Address: City-St-Zip:		() Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE:	DAVID ROBINSON	P	04/19/2005	
	Electronic Cinnetons of Cinning Officer of Diseater		D-4-	