

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003220

FILED
Apr 14, 2012
Secretary of State

Entity Name: TYCO SAFETY PRODUCTS US, INC.

Current Principal Place of Business:

ONE TOWN CENTER ROAD
LEGAL DEPARTMENT
BOCA RATON, FL 33486

New Principal Place of Business:

ONE TOWN CENTER ROAD
LEGAL DEPARTMENT
BOCA RATON, FL 33486 US

Current Mailing Address:

ONE TOWN CENTER ROAD
LEGAL DEPARTMENT
BOCA RATON, FL 33486

New Mailing Address:

ONE TOWN CENTER ROAD
LEGAL DEPARTMENT
BOCA RATON, FL 33486 US

FEI Number: 01-0650063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: OLIVER, GEORGE R PD
Address: ONE TOWN CENTER ROAD LEGAL DEPARTMENT
City-St-Zip: BOCA RATON, FL 33486 US

Title: SVPD
Name: JENKINS JR., JOHN S SVPD
Address: ONE TOWN CENTER ROAD LEGAL DEPARTMENT
City-St-Zip: BOCA RATON, FL 33486 US

Title: VPAT
Name: TIMMERMAN, TIMOTHY VPAT
Address: ONE TOWN CENTER ROAD LEGAL DEPARTMENT
City-St-Zip: BOCA RATON, FL 33486 US

Title: D
Name: BLEISCH, N. DAVID D
Address: ONE TOWN CENTER ROAD LEGAL DEPARTMENT
City-St-Zip: BOCA RATON, FL 33486 US

Title: VPAT
Name: PARENT, JAMES VPAT
Address: ONE TOWN CENTER ROAD LEGAL DEPARTMENT
City-St-Zip: BOCA RATON, FL 33486 US

Title: VP
Name: MITCHELL, MARK DAVID VP
Address: ONE TOWN CENTER ROAD LEGAL DEPARTMENT
City-St-Zip: BOCA RATON, FL 33486 US

I hereby 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 all other like empowered.

SIGNATURE: MANDELIN HENDRICKS

POA

04/14/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date