

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002140

1. Entity Name

ANSUL, INCORPORATED

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90432 001 ***150.00

Principal Place of Business

ONE STANTON ST.
MARINETTE WI 54143

Mailing Address

ONE STANTON ST. ✓
3 TYCO PARK
MARINETTE WI 54143-2542

2. Principal Place of Business

Same

3. Mailing Address

PO Box 5035

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

4. FEI Number 39-1328087

Applied For

Not Applicable

Zip

Country

33486

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SWARTZ, MARK H	
STREET ADDRESS	ONE TYCO PARK	
CITY-ST-ZIP	EXETER NH 03833	
TITLE	S	<input type="checkbox"/> Delete
NAME	THIBAUT, STEPHEN J	
STREET ADDRESS	ONE STANTON ST.	
CITY-ST-ZIP	MARINETTE WI 54143	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	DOHERTY, BERNARD J	
STREET ADDRESS	ONE TYCO PARK	
CITY-ST-ZIP	EXETER NH 03833	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBINSON, MICHAEL A	
STREET ADDRESS	ONE TYCO PARK	
CITY-ST-ZIP	EXETER NH 03833	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KINKEAD, KARL	
STREET ADDRESS	ONE STANTON ST.	
CITY-ST-ZIP	MARINETTE WI 54143	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOZLOWSKI, DENNIS L	
STREET ADDRESS	1 TYCO PARK	
CITY-ST-ZIP	EXETER NH 03833	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	One Town Center Rd	
STREET ADDRESS	Boca Raton FL 33486	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	
STREET ADDRESS	Scott Stevenson	
CITY-ST-ZIP	One Town Center Rd	
	Boca Raton FL 33486	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 changed, or on an attachment with an address, with all other life empowered.

Scott Stevenson
Vice President/Asst. Treasurer

Bernard Pietrowski
561-988-7823

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00