

FILE NOW; FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F95000001935 (4)

1. Corporation Name
MUELLER COMPANY

Principal Place of Business
3 TYCO PARK - TAX ANL
EXETER NH 03833

Mailing Address
3 TYCO PARK - TAX ANL
EXETER NH 03833



| | | | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|--|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/20/1995 | | 3a. Date of Last Report 05/01/1996 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 37-0431610 | | Applied For Not Applicable | |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|-----------------------|
| TITLE | PDC | 1.1 TITLE | Only |
| NAME | KOZLOWSKI, L D | 1.2 NAME | |
| STREET ADDRESS | 500 W. ELDORADO ST. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | DECATUR IL 62525 | 1.4 CITY - ST - ZIP | |
| TITLE | VD | 2.1 TITLE | Only |
| NAME | GUTIN, IRVING | 2.2 NAME | |
| STREET ADDRESS | 500 W. ELDORADO ST. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | DECATUR IL 62525 | 2.4 CITY - ST - ZIP | |
| TITLE | VD | 3.1 TITLE | mark H. Swartz |
| NAME | MEAD, ROBERT P | 3.2 NAME | 1 Tyco Park |
| STREET ADDRESS | 500 W. ELDORADO ST. | 3.3 STREET ADDRESS | Exeter, NH 03833 |
| CITY - ST - ZIP | DECATUR IL 62525 | 3.4 CITY - ST - ZIP | |
| TITLE | V | 4.1 TITLE | 400002159974 |
| NAME | SMITH, DALE B | 4.2 NAME | -04/30/97--01022--051 |
| STREET ADDRESS | 500 W. ELDORADO ST. | 4.3 STREET ADDRESS | ***165.00 |
| CITY - ST - ZIP | DECATUR IL 62525 | 4.4 CITY - ST - ZIP | |
| TITLE | VS | 5.1 TITLE | VP+S |
| NAME | DOHERTY, BERNARD J | 5.2 NAME | |
| STREET ADDRESS | 500 W. ELDORADO ST. | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | DECATUR IL 62525 | 5.4 CITY - ST - ZIP | |
| TITLE | T | 6.1 TITLE | Barbara miller |
| NAME | RODRIGUES, WILLIAM P | 6.2 NAME | 1 Tyco Park |
| STREET ADDRESS | 500 W. ELDORADO ST. | 6.3 STREET ADDRESS | Exeter, NH 03833 |
| CITY - ST - ZIP | DECATUR IL 62525 | 6.4 CITY - ST - ZIP | |

14. I do 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 annual report or supplemental annual 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bernard J. Doherty*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97 603-778-9900
Date Daytime Phone #

CR2E034 (9/96)