

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004511 (9)
 1. Corporation Name
THOMAS & BETTS CORPORATION



Principal Place of Business 1555 LYNNFIELD RD MEMPHIS TN 38119	Mailing Address 1555 LYNNFIELD RD MEMPHIS TN 38119
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	8155 T & B Blvd.	09/03/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		22-1326940	Applied For
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28	Memphis, TN	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29	38125	30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL		85 Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and firm if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNNIGAN, T. KEVIN	1.2 NAME	
STREET ADDRESS	1555 LYNNFIELD RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38119	1.4 CITY-ST-ZIP	
TITLE	PCOO <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, CLYDE R	2.2 NAME	
STREET ADDRESS	1555 LYNNFIELD RD	2.3 STREET ADDRESS	8155 T & B Blvd.
CITY-ST-ZIP	MEMPHIS TN 38119	2.4 CITY-ST-ZIP	Memphis, TN 38125
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, FRED R	3.2 NAME	
STREET ADDRESS	1555 LYNNFIELD RD	3.3 STREET ADDRESS	8155 T & B Blvd.
CITY-ST-ZIP	MEMPHIS TN 38119	3.4 CITY-ST-ZIP	Memphis, TN 38125
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAY, JANICE H	4.2 NAME	
STREET ADDRESS	1555 LYNNFIELD RD	4.3 STREET ADDRESS	8155 T & B Blvd.
CITY-ST-ZIP	MEMPHIS TN 38119	4.4 CITY-ST-ZIP	Memphis, TN 38125
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREW, ERNEST H	5.2 NAME	
STREET ADDRESS	1555 LYNNFIELD RD	5.3 STREET ADDRESS	8155 T & B Blvd.
CITY-ST-ZIP	MEMPHIS TN 38119	5.4 CITY-ST-ZIP	Memphis, TN 38125
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNNIGAN, T. KEVIN	6.2 NAME	
STREET ADDRESS	1555 LYNNFIELD RD	6.3 STREET ADDRESS	8155 T & B Blvd.
CITY-ST-ZIP	MEMPHIS TN 38119	6.4 CITY-ST-ZIP	Memphis, TN 38125

14. 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 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: *[Signature]* (901) 252-5000

CFR2E034 (10/97)