

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90069 029 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F9600004511**  
 1. Entity Name  
**THOMAS & BETTS CORPORATION**

**DO NOT WRITE IN THIS SPACE**

656672

2. Principal Place of Business <b>8155 T&amp;B BLVD</b> Suite, Apt. #, etc. <b>MEMPHIS TN</b>		3. Mailing Address <b>8155 T&amp;B BLVD</b> Suite, Apt. #, etc. <b>(4B-37)</b>		4. FEI Number <b>22-1326940</b>		Applied For <input type="checkbox"/> Not Applicable
City & State <b>MEMPHIS TN</b>	City & State <b>MEMPHIS TN</b>	City & State <b>MEMPHIS TN</b>	City & State <b>MEMPHIS TN</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
Zip <b>38125</b>	Country	Zip <b>38125</b>	Country			

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>CT CORPORATION SYSTEM</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1200 SOUTH PINE ISLAND ROAD</b>	
City <b>PLANTATION</b>	FL Zip Code <b>33324</b>

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 \_\_\_\_\_ (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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS			
TITLE	PC/D	TITLE	
NAME	<b>T. KEVIN DUNNIGAN</b>	NAME	
STREET ADDRESS	<b>8155 T&amp;B BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MEMPHIS TN 38125</b>	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	<b>THOMAS C. OVIATT</b>	NAME	
STREET ADDRESS	<b>8155 T&amp;B BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MEMPHIS TN 38125</b>	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	<b>J.N. RAINES</b>	NAME	
STREET ADDRESS	<b>8155 T&amp;B BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MEMPHIS TN 38125</b>	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	<b>ERNEST H. DREW</b>	NAME	
STREET ADDRESS	<b>8155 T&amp;B BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MEMPHIS TN 38125</b>	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	<b>JEANANNE K. HAUSWALD</b>	NAME	
STREET ADDRESS	<b>8155 T&amp;B BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MEMPHIS TN 38125</b>	CITY-ST-ZIP	
TITLE	DEAN	TITLE	
NAME	<b>DEAN JERNIGAN</b>	NAME	
STREET ADDRESS	<b>8155 T&amp;B BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MEMPHIS TN 38125</b>	CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeannanne Hauswald* **US - TNX** 4/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034B (12/01)