

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90072 030 ***150.00

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1. Entity Name
THOMAS & BETTS CORPORATION

Principal Place of Business
**8155 T & B BLVD
 MEMPHIS, TN 38125**

Mailing Address
**8155 T & B BLVD
 (48-37)
 MEMPHIS, TN 38125 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



04222004 Chg-P CR2E034 (10/03)

4. FEI Number
22-1326940

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**C. T. CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PCD <input type="checkbox"/> Delete
NAME	DUNNIGAN, T. KEVIN
STREET ADDRESS	8155 T & B BLVD.
CITY-ST-ZIP	MEMPHIS, TN 38125
TITLE	T <input type="checkbox"/> Delete
NAME	OVIATT, THOMAS C
STREET ADDRESS	8155 T & B BLVD.
CITY-ST-ZIP	MEMPHIS, TN 38125
TITLE	S <input type="checkbox"/> Delete
NAME	RAINES, J.N.
STREET ADDRESS	8155 T B BLVD
CITY-ST-ZIP	MEMPHIS, TN 38125
TITLE	D <input type="checkbox"/> Delete
NAME	DREW, ERNEST H
STREET ADDRESS	8155 T B BLVD
CITY-ST-ZIP	MEMPHIS, TN 38125
TITLE	D <input type="checkbox"/> Delete
NAME	DEAN, JERNIGAN
STREET ADDRESS	8155 T B BLVD
CITY-ST-ZIP	MEMPHIS, TN 38125
TITLE	D <input type="checkbox"/> Delete
NAME	HAUSWALD, JEANNANE K
STREET ADDRESS	8155 & B BLVD
CITY-ST-ZIP	MEMPHIS, TN 38125

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dominic J. Pileggi
STREET ADDRESS	8155 T&B Blvd., Memphis, TN 38125
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jernigan, Dean
STREET ADDRESS	8155 T&B Blvd., Memphis, TN 38125
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **VP-Tax** **4/27/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #