

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004511

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** THOMAS & BETTS CORPORATION

**Current Principal Place of Business:**

8155 T & B BLVD  
MEMPHIS, TN 38125 US

**New Principal Place of Business:**

**Current Mailing Address:**

8155 T&B BLVD  
4B-37  
MEMPHIS, TN 38125 US

**New Mailing Address:**

**FEI Number:** 22-1326940      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: PILEGGI, DOMINIC J  
Address: 8155 T & B BLVD.  
City-St-Zip: MEMPHIS, TN 38125

Title: T  
Name: WARREN, JOSEPH F  
Address: 8155 T & B BLVD.  
City-St-Zip: MEMPHIS, TN 38125

Title: S  
Name: RAINES, J.N.  
Address: 8155 T B BLVD  
City-St-Zip: MEMPHIS, TN 38125

Title: D  
Name: KALICH, RONALD B  
Address: 8155 T B BLVD  
City-St-Zip: MEMPHIS, TN 38125

Title: D  
Name: JERNIGAN, DEAN  
Address: 8155 T B BLVD  
City-St-Zip: MEMPHIS, TN 38125

Title: D  
Name: HAUSWALD, JEANNANE K  
Address: 8155 & B BLVD  
City-St-Zip: MEMPHIS, TN 38125

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH WARREN

TREA

04/19/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date