

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90094 046 ***150.00

DOCUMENT # F97000005643

1. Entity Name

TRANSOCEANIC CABLE SHIP COMPANY, INC.

Principal Place of Business

**340 MT. KEMBLE AVE.
 MORRISTOWN NJ 07960-6619**

Mailing Address

**C/O TYCO INTERNATIONAL (US), INC.
 POST OFFICE BOX 5035
 BOCA RATON FL 33431-0835**

2. Principal Place of Business

60 Columbia Road

3. Mailing Address

PO Box 3038

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Building A

City & State

Morristown NJ

City & State

Boca Raton FL

Zip

07960

Country

USA

Zip

33431-0938

Country

USA

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

4. FEI Number

13-1961749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

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

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

(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) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **GARVEY, NEIL R**
 STREET ADDRESS **60 COLUMBIA TURNPIKE BLDG. A**
 CITY-ST-ZIP **MORRISTOWN NJ 07960**

TITLE **VAT** ☐ Delete
 NAME **STEVENSON, SCOTT**
 STREET ADDRESS **ONE TOWN CENTER RD.**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **D** ☐ Delete
 NAME **GUTIN, IRVING**
 STREET ADDRESS **ONE TYCO PARK**
 CITY-ST-ZIP **EXETER NH 03833**

TITLE **T** ☐ Delete
 NAME **ROBINSON, MICHAEL A**
 STREET ADDRESS **ONE TOWN CENTER ROAD**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **AS** ☐ Delete
 NAME **MOROZE, M. BRIAN**
 STREET ADDRESS **ONE TYCO PARK**
 CITY-ST-ZIP **EXETER NH 03833**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP AT** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE:

Scott Stevenson

Scott Stevenson VP/Asst. Treas.

4/24/01

(561) 988-6376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)