

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002526

1. Entity Name

CONFAB HOLDING CORP.

**FILED**  
May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90364 009 \*\*\*150.00

Principal Place of Business

Mailing Address

ONE TYCO PARK  
EXETER NH 03833

ONE TOWN PARK  
BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

PO Box 5035

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

4. FEI Number 02-0498420

Applied For

Not Applicable

Zip

Country

33431

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUARNIERI, JOHN J	
STREET ADDRESS	ONE TYCO PARK	
CITY-ST-ZIP	EXETER NH 03833	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MEELIA, RICHARD J	
STREET ADDRESS	15 HAMPSHIRE ST.	
CITY-ST-ZIP	MANSFIELD MA 02048	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOCKENDORFF, CHARLES J	
STREET ADDRESS	15 HAMPSHIRE ST	
CITY-ST-ZIP	MANSFIELD MA 02048	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBINSON, MICHAEL A	
STREET ADDRESS	ONE TYCO PARK	
CITY-ST-ZIP	EXETER NH 03833	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SISKIND, DAVID A	
STREET ADDRESS	15 HAMPSHIRE ST.	
CITY-ST-ZIP	MANSFIELD MA 02048	
TITLE	AS	<input type="checkbox"/> Delete
NAME	PERILLO, VANESSA S	
STREET ADDRESS	ONE TYCO PARK	
CITY-ST-ZIP	EXETER NH 03833	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Irving Gutin	
STREET ADDRESS	One Tyco Park	
CITY-ST-ZIP	Exeter NH 03833	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	One Town Center Rd	
CITY-ST-ZIP	Boca Raton FL 33486	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Masterson	
STREET ADDRESS	15 Hampshire Street	
CITY-ST-ZIP	Mansfield MA 02048	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	One Town Center Rd	
CITY-ST-ZIP	Boca Raton FL 33486	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Stevenson  
VP/ Asst. Treas.

Date

Daytime Phone #

4/25/00 (561) 988-7823

CR2E034 (9/99)