

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000005570**

1. Entity Name

TKC HOLDING CORP.**FILED****May 01, 2000 8:00 am**
Secretary of State

05-01-2000 90427 012 ***150.00

Principal Place of Business	Mailing Address
15 HAMPSHIRE STREET MANSFIELD MA 02048	ONE TOWN CENTER ROAD BOCA RATON FL 33486-1002

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. TYCO INTERNATIONAL (US) INC.
City & State	City & State ONE TOWN CENTER ROAD
Zip	Zip P.O. BOX 5035
Country	Country BOCA RATON, FL 33431-0835



DO NOT WRITE IN THIS SPACE

4. FEI Number	02-0502159	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$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 _____ (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"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEELIA, RICHARD	NAME	
STREET ADDRESS	15 HAMPSHIRE STREET	STREET ADDRESS	
CITY-ST-ZIP	MANSFIELD MA	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOCKENDORFF, CHARLES	NAME	
STREET ADDRESS	15 HAMPSHIRE STREET	STREET ADDRESS	
CITY-ST-ZIP	MANSFIELD MA	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	VP/Asst Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOULD, KEVIN	NAME	Scott Stevenson
STREET ADDRESS	15 HAMPSHIRE STREET	STREET ADDRESS	One Town Center Rd
CITY-ST-ZIP	MANSFIELD MA	CITY-ST-ZIP	Boca Raton FL 33486
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, MICHAEL	NAME	One Town Center Rd
STREET ADDRESS	7125TH AVE	STREET ADDRESS	Boca Raton FL 33486
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOROZE, BRIAN	NAME	
STREET ADDRESS	ONE TYCO PARK	STREET ADDRESS	
CITY-ST-ZIP	EXETER NH	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWARTZ, MARK	NAME	
STREET ADDRESS	ONE TYCO PARK	STREET ADDRESS	
CITY-ST-ZIP	EXETER NH	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**
Vice President/Asst. Treasurer
4/25/00 (561) 988-7823
Date Daytime Phone #