

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91841 044 \*\*\*150.00

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**DOCUMENT # F98000005570**

1. Entity Name  
**TKC HOLDING CORP.**



Principal Place of Business  
**15 HAMPSHIRE STREET  
MANSFIELD MA 02048**

Mailing Address  
**ONE TOWN CENTER ROAD  
P O BOX 3028  
BOCA RATON FL 33431-0835**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **02-0502159**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

I, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MEELIA, RICHARD 15 HAMPSHIRE STREET MANSFIELD MA</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DOCKENDORFF, CHARLES 15 HAMPSHIRE STREET MANSFIELD MA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAT STEVENSON, SCOTT ONE TOWN CENTER RD BOCA RATON FL 33486</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ROBINSON, MICHAEL ONE TOWN CENTER RD BOCA RATON FL 33486</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MASTERSON, JOHN ONE TYCO PARK EXETER NH 03833</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD SWARTZ, MARK ONE TYCO PARK EXETER NH</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Timothy E. Flanigan 9 West 57<sup>th</sup> St, 43<sup>rd</sup> Fl New York, NY 10019</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Martina Hund-Mejean 9 West 57<sup>th</sup> St, 43<sup>rd</sup> Fl New York, NY 10019</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAT John E. Evard, Jr. One Town Center Road Boca Raton, FL 33486</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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, without other like empowered.

SIGNATURE: **SCOTT STEVENSON** REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

Scott Stevenson

Date

Daytime Phone #

4/12/03

CR2E034 (10/02)

(Untitled)

801B758  
F9800005570

Position Type	Name	Title
Officer	Masterson, John H.	Assistant Secretary
Officer	Travis, Patricia J.	Assistant Secretary
Officer	Evard, Jr., John E.	Vice President
Officer	Evard, Jr., John E.	Assistant Treasurer
Officer	Stevenson, Scott	Vice President
Officer	Stevenson, Scott	Assistant Treasurer
Officer	Hund-Mejean, Martina	Treasurer
Officer	Moroze, M. Brian	Secretary
Officer	Masterson, John H.	Vice President
Officer	Breen, Edward D.	President
Director	Lytton, William B.	Director
Officer	Gould, Kevin	Vice President
Officer	Foley, Mark D.	Vice President
Director	Flanigan, Timothy E.	Director
Officer	Flanigan, Timothy E.	Vice President
Officer	FitzPatrick, David J	Vice President
Officer	Dockendorff, Charles	Vice President - Finance
Officer	Courson, Gardner G.	Vice President
Director	Courson, Gardner G.	Director