

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005577

1. Entity Name

SWD HOLDING, INC. I

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

05-01-2000 90427 007 ***150.00

Principal Place of Business

15 HAMPSHIRE STREET
 MANSFIELD MA 02048

Mailing Address

ONE TOWN CENTER
 BOCA RATON FL 33486-1002

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. **TYCO INTERNATIONAL (US) INC.**
ONE TOWN CENTER ROAD

City & State **P.O. BOX 5035**
BOCA RATON, FL 33431-0835

Zip

Country

4. FEI Number

02-0502161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MEELIA, RICHARD	
STREET ADDRESS	15 HAMPSHIRE STREET	
CITY-ST-ZIP	MANSFIELD MA	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOCKENDORFF, CHARLES	
STREET ADDRESS	15 HAMPSHIRE STREET	
CITY-ST-ZIP	MANSFIELD MA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GOULD, KEVIN	
STREET ADDRESS	15 HAMPSHIRE STREET	
CITY-ST-ZIP	MANSFIELD MA	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBINSON, MICHAEL	
STREET ADDRESS	712 5TH AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOROZE, BRIAN	
STREET ADDRESS	ONE TYCO PARK	
CITY-ST-ZIP	EXETER NH	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SWARTZ, MARK	
STREET ADDRESS	ONE TYCO PARK	
CITY-ST-ZIP	EXETER NH	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
CITY-ST-ZIP	
TITLE	VP/Asst Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Stevenson
STREET ADDRESS	One Town Center Rd
CITY-ST-ZIP	Boca Raton FL 33486
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	One Town Center Rd
CITY-ST-ZIP	Boca Raton FL 33486
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Scott Stevenson
 Vice President/Asst. Treasurer

4/25/00

Date

(561) 988-7823

Daytime Phone #