

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001706

1. Entity Name

GRAPHIC CONTROLS CORPORATION

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

05-01-2000 90427 009 ***150.00

Principal Place of Business

189 VAN RENSSELAER ST
 BUFFALO NY 14210

Mailing Address

189 VAN RENSSELAER ST
 BUFFALO NY 14210-1345

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

TYCO INTERNATIONAL (US) INC.
ONE TOWN CENTER ROAD
P.O. BOX 5035
BOCA RATON, FL 33431-0835



DO NOT WRITE IN THIS SPACE

4. FEI Number

16-0834173

Applied For

Not Applicable

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 ☐ Delete
 NAME **VD**
 STREET ADDRESS **GUTIN, IRVING**
 CITY-ST-ZIP **ONE TOWN CENTER RD**
BOCA RATON FL 33486

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **One Tyco Park**
 CITY-ST-ZIP **Exeter NH 03833**

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **MEELIA, RICHARD**
 CITY-ST-ZIP **15 HAMPSHIRE ST**
MANSFIELD MA 02048

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

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

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **ROBINSON, MICHAEL**
 CITY-ST-ZIP **712 FIFTH AVE**
NEW YORK NY 10019

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **One Town Center Rd**
 CITY-ST-ZIP **Boca Raton FL 33486**

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

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

TITLE ☒ Delete
 NAME **V**
 STREET ADDRESS **GOULD, KEVIN**
 CITY-ST-ZIP **15 HAMPSHIRE ST**
MANSFIELD MA 02048

TITLE ☐ Change ☒ Addition
 NAME **VP/Asst. Treasurer**
 STREET ADDRESS **Scott Stevenson**
 CITY-ST-ZIP **One Town Center Rd**
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

Scott Stevenson
 Vice President/Asst. Treasurer

4/25/00 (561) 988-7823

Date

Daytime Phone #

CR2E034 (9/99)