2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 AM
Secretary of State

DOCUMENT# F99000001706

Entity Name: GRAPHIC CONTROLS CORPORATION

Current Principal Place of Business:

189 VAN RENSSELAER ST
BUFFALO, NY 14210

New Principal Place of Business:

Current Mailing Address:

P O BOX 3038
BOCA RATON, FL 334310938

New Mailing Address:

FEI Number: 16-0834173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	GUTIN, IRVING	
Address:	ONE TYCO PARK	
City-St-Zip:	EXETER, NH 03883	
Title:	PD	( ) Delete
Name:	MEELIA, RICHARD	
Address:	15 HAMPSHIRE ST	
City-St-Zip:	MANSFIELD, MA 02048	
Title:	D	( ) Delete
Name:	SWARTZ, MARK	
Address:	ONE TYCO PARK	
City-St-Zip:	EXETER, NH 03833	
Title:	T	( ) Delete
Name:	ROBINSON, MICHAEL	
Address:	ONE TOWN CENTER RD.	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	AS	( ) Delete
Name:	MOROZE, M. BRIAN	
Address:	ONE TYCO PARK	
City-St-Zip:	EXETER, NH 03833	
Title:	VPAT	( ) Delete
Name:	STEVENSON, SCOTT	
Address:	ONE TOWN CENTER RD.	
City-St-Zip:	BOCA RATON, FL 33486	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT STEVENSON VPAT 04/22/2002

Electronic Signature of Signing Officer or Director — Date