## `2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # F9900002622 Mar 05, 2001 8:00 am **Secretary of State** 1. Entity Name TYCO SUBMARINE SYSTEMS LTD. CO. 03-05-2001 90310 050 \*\*\*758.75 Principal Place of Business Mailing Address 60 COLOMBI TURNPIKE 60 COLOMBI TURNPIKE MORRISTOWN NJ 07960 MORRISTOWN NJ 07960 2. Principal Place of Business 3. Mailing Addrage 60 Columbia Turnpike Mailing Address: Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Tax Department, 8<sup>th</sup> Floor PO Box 5035 City & State 4. FEI Number Applied For 12-3138465 Boca Raton, FL 33431-0835 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 07960 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition also Director Change Delete TITLE TITLE GARVEY, NEIL NAME NAME 60 Columbia Turnpike Bldg. A **60 COLOMBI TURNPIKE** STREET ADDRESS STREET ADDRESS MORRISTOWN NJ 07960 CITY-ST-ZIP CITY-ST-7IP Addition Director ☐ Delete TITLE TITLE MOROZE, M. BRIAN NAME ONE TYCO PARK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EXETER NH 03833 CITY-ST-ZIP TITLE Delete ☐ Addition TITLE VAN ROSSUM, DAVID NAME ONE TOWN CENTER RD STREET ADDRESS 100 Domain Drive STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP CITY-ST-ZIP Exeler NH 03833 ☐ Addition TITLE ☐ Delete TITLE ROBINSON, MICHAEL NAME NAME One Town Center Rd 712 FIFTH AVE STREET ADDRESS STREET ADDRESS **NEW YORK NY 10019** Boca Ration Fl 33486 CITY-ST-ZIP CITY-ST-ZIP UP | Asst. Treasurer TITLE ☐ Delete TITI F NAME Scott Skvenson NAME One Town Center Rd STREET ADDRESS STREET ADDRESS Boca Raton Fl 33486 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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.

SIZUITA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Scott Stevenson VP/Assistant Treasurer

2/20/01

(561) 988-7823

Daytime Phone #