

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003990

1. Entity Name

TYCO (US) HOLDINGS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90307 021 ***150.00

Principal Place of Business	Mailing Address
ONE TYCO PARK EXETER NH 03833	ONE TYCO PARK EXETER NH 03833-2923

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. TYCO INTERNATIONAL (US) INC.
City & State	ONE TOWN CENTER ROAD
Zip	PO. BOX 5035
Country	BOCA RATON, FL 33431-0835



DO NOT WRITE IN THIS SPACE

02-0501203

4. FEI Number	APPLIED FOR	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM	Name
1200 SOUTH PINE ISLAND ROAD	Street Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324	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
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input type="checkbox"/>	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.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEELIA, RICHARD	NAME	
STREET ADDRESS	15 HAMPSHIRE STREET	STREET ADDRESS	
CITY-ST-ZIP	MANSFIELD MA 02048	CITY-ST-ZIP	
TITLE	DV	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIN, IRVING	NAME	
STREET ADDRESS	ONE TYCO PARK	STREET ADDRESS	
CITY-ST-ZIP	EXETER NH 03833	CITY-ST-ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTFOLK, JEFFREY	NAME	
STREET ADDRESS	ONE TOWN CENTER ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	CITY-ST-ZIP	
TITLE	T	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, MICHAEL	NAME	
STREET ADDRESS	712 FIFTH AVENUE	STREET ADDRESS	One Town Center Rd
CITY-ST-ZIP	NEW YORK NY 10019	CITY-ST-ZIP	Boca Raton FL 33486
TITLE	AT	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVENSON, SCOTT	NAME	
STREET ADDRESS	ONE TOWN CENTER ROAD	STREET ADDRESS	VP / Asst Treas
CITY-ST-ZIP	BOCA RATON FL 33486	CITY-ST-ZIP	
TITLE	SD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOROZE, M. BRIAN	NAME	
STREET ADDRESS	ONE TYCO PARK	STREET ADDRESS	
CITY-ST-ZIP	EXETER NH 03833	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:	<i>M. Brian Moroze</i>	Date	4-27-00	Daytime Phone #
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CR2E034 (9/99)