

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003991

1. Entity Name

ADT HOLDINGS, INC.

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

05-18-2000 90307 020 ***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.**
ONE TOWN CENTER ROAD

City & State

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

Zip

Country

Zip

Country

4. FEI Number

13-3200693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD	BOGGESS, JERRY	ONE TOWN CENTER ROAD BOCA RATON FL 33486	<input type="checkbox"/>
	V	MATTFOLK, JEFFREY	ONE TOWN CENTER ROAD BOCA RATON FL 33486	<input type="checkbox"/>
	T	ROBINSON, MICHAEL	712 FIFTH AVENUE NEW YORK NY 10019	<input type="checkbox"/>
	AT	STEVENSON, SCOTT	ONE TOWN CENTER ROAD BOCA RATON FL 33486	<input type="checkbox"/>
	S	FINNEY, P. GRAY	ONE TOWN CENTER ROAD BOCA RATON FL 33486	<input type="checkbox"/>
	AS	MOROZE, M. BRIAN	ONE TYCO PARK EXETER NH 03833	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

One Town Center Rd
Boca Raton FL 33486
VP (Asst Treasurer)

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 OR DIRECTOR

M. Brian Moroze 4-27-00

Date

Daytime Phone #

CR2E034 (9/99)