

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005628

1. Entity Name
TYCO ADHESIVES GP HOLDING, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90011 015 ***150.00

Principal Place of Business

Mailing Address

ONE TYCO PARK
EXETER NH 03833

ONE TYCO PARK
EXETER NH 03833

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

PO Box 3038

Boca Raton FL

33431-0938

USA

4. FEI Number 58-2496601

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, 2001 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 P
STREET ADDRESS MCDONOUGH, STEPHEN
CITY-ST-ZIP 0 AMELIA DR.
NANTUCKET MA 02554

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

TITLE ☐ Delete
NAME V
STREET ADDRESS BRANDON, MARK
CITY-ST-ZIP 1400 PROVIDENCE HWY.
NORWOOD MA 02062

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

TITLE ☐ Delete
NAME T
STREET ADDRESS ROBINSON, MICHAEL
CITY-ST-ZIP ONE TOWN CENTER RD
BOCA RATON FL 33486

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

TITLE ☐ Delete
NAME AT
STREET ADDRESS STEVENSON, SCOTT
CITY-ST-ZIP ONE TOWN CENTER ROAD
BOCA RATON FL 33486

TITLE ☒ Change ☐ Addition
NAME VP AT
STREET ADDRESS
CITY-ST-ZIP

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 D
STREET ADDRESS GUTIN, IRVING
CITY-ST-ZIP ONE TYCO PARK
EXETER NH 03833

TITLE ☒ Change ☐ Addition
NAME VP / Director
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)