2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005628

Entity Name: TYCO ADHESIVES GP HOLDING, INC.

FILED May 26, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
273 CORF SUITE 100	- PORATE DRIV	Æ		
Current M	/lailing Addre	ss:	New Mailing Addres	s:
PO BOX 8 PRINCET	3749 ON, NJ 08543	3		
FEI Number	r: 58-2496601	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
1200 SOU	PORATION SY JTH PINE ISLA TON, FL 3332	ND ROAD		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
		93(2)(b), F.S., the corporation did n	ot receive the prior notice.	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	BREEN, EDW	ATE DRIVE, SUITE 100	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MOROZE, M. I	ATE DRIVE, SUITE 100	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	HUND-MEJEÀI	ATE DRIVE, SUITE 100	Title: Name: Address: Citv-St-Zip:	() Change () Addition

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: EDWARD BREEN P 05/26/2005