2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005628

Entity Name: TYCO ADHESIVES GP HOLDING, INC.

FILED Apr 16, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
273 CORPORATE DRIVE SUITE 100 PORTSMOUTH, NH 03801				15 HAMPSHIRE STREET MANSFIELD, MA 02048			
Current Mailing Address:				New Mailing Address:			
PO BOX 8749 PRINCETON, NJ 08543			15 HAMPSHIRE STREET MANSFIELD, MA 02048				
FEI Number: 58-2496601 FEI Number Applied For () FEI Nu			FEI Nun	mber Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	New Registered Agent:	
1200 SOUT PLANTATIO		ID ROAD US	rpose o	f changing it	s registered c	office or registered agent, or both,	
SIGNATUR	_						
010147(101)		c Signature of Registered Agen	ıt			 Date	
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BREEN, EDWAR	E DRIVE, SUITE 100		Title: Name: Address: City-St-Zip:	PRES (X MEELIA, RICHA 15 HAMPSHIRI MANSFIELD, M	E STREET	
Title: Name: Address: City-St-Zip:	JENKINS, JOHN	E DRIVE, SUITE 100		Title: Name: Address: City-St-Zip:	VPSD (X KAPPLES, JOH 15 HAMPSHIRI MANSFIELD, M	E STREET	
Title: Name: Address: City-St-Zip:	HUND-MEJEAN,	E DRIVE, SUITE 100		Title: Name: Address: City-St-Zip:	TVPD (X DASILVA, DAS 15 HAMPSHIRI MANSFIELD, N	E STREET	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	DVP (NICOLELLA, M 15 HAMPSHIRI MANSFIELD, N	E STREET	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	VP (BROWN, RICH 15 HAMPSHIRI MANSFIELD, M	E STREET	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	VP (DOCKENDORF 15 HAMPSHIRI MANSFIELD, N	ESTREET	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN W. KAPPLES VP 04/16/2008