

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000005744**

1. Entity Name

**APS GROUP HOLDING, INC.****FILED****May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90425 023 \*\*\*150.00

**949099**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**11 TYCO DRIVE  
STAFFORD SPRINGS CT 06076****11 TYCO DRIVE  
STAFFORD SPRINGS CT 06076**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**Boca Raton FL**

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

Zip

Country

**33431-0835**

Country

**USA**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

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 **P** ☒ Delete  
NAME **GARVEY, NEIL**  
STREET ADDRESS **60 COLUMBIA TURNPIKE, BLD. A**  
CITY-ST-ZIP **MORRISTOWN NJ 07960**TITLE **President** ☐ Change ☒ Addition  
NAME **Steven Gardner**  
STREET ADDRESS **11 Tyco Drive**  
CITY-ST-ZIP **Stafford Springs, CT 06076**TITLE **D** ☐ Delete  
NAME **MC GEE, BRAD**  
STREET ADDRESS **ONE TYCO PARK**  
CITY-ST-ZIP **EXETER NH 03833**TITLE **VP** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **V** ☐ Delete  
NAME **MATTFOLK, JEFFREY**  
STREET ADDRESS **ONE TOWN CENTER ROAD**  
CITY-ST-ZIP **BOCA RATON FL 33486**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **T** ☐ Delete  
NAME **ROBINSON, MICHAEL**  
STREET ADDRESS **ONE TYCO PARK**  
CITY-ST-ZIP **EXETER NH 03833**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **One Town Center Rd**  
CITY-ST-ZIP **Boca Raton, FL 33486**TITLE **AS** ☐ Delete  
NAME **PERILLO, VANESSA**  
STREET ADDRESS **ONE TOWN CENTER ROAD**  
CITY-ST-ZIP **BOCA RATON FL 33486**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☒ Delete  
NAME **GUTIN, IRVING**  
STREET ADDRESS **ONE TOWN CENTER ROAD**  
CITY-ST-ZIP **BOCA RATON FL 33486**TITLE **VP/Asst** ☐ Change ☒ Addition  
NAME **Scott Stevenson**  
STREET ADDRESS **One Town Center Rd**  
CITY-ST-ZIP **Boca Raton FL 33486**

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 OFF

**Scott Stevenson**  
Vice President/Asst. Treasurer**4/25/01 (561) 988-7823**

Date

Daytime Phone #

CR2E034 (9/99)