

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006319

1. Entity Name

TA, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90432 029 ***150.00

Principal Place of Business

ONE TYCO PARK
EXETER NH 03833

Mailing Address

ONE TYCO PARK
EXETER NH 03833

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PO Box 5035

Suite, Apt. #, etc.

City & State

Boca Raton

Zip

33431-0835

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2496606

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE	DV	<input type="checkbox"/> Delete
NAME	GUTIN, IRVING	
STREET ADDRESS	ONE TYCO PARK	
CITY-ST-ZIP	EXETER NH 03833	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOZLOWSKI, L. DENNIS	
STREET ADDRESS	ONE TYCO PARK	
CITY-ST-ZIP	EXETER NH 03833	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWARTZ, MARK H	
STREET ADDRESS	ONE TYCO PARK	
CITY-ST-ZIP	EXETER NH 03833	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCDONOUGH, STEPHEN	
STREET ADDRESS	ONE TYCO PARK	
CITY-ST-ZIP	EXETER NH 03833	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	BAILLIO, JAMES	
STREET ADDRESS	ONE TYCO PARK	
CITY-ST-ZIP	EXETER NH 03833	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BELNICK, MARK A	
STREET ADDRESS	ONE TYCO PARK	
CITY-ST-ZIP	EXETER NH 03833	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Stevenson	
STREET ADDRESS	One Town Center Rd	
CITY-ST-ZIP	Boca Raton FL 33486	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael A. Robinson	
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 OFFICER OR DIRECTOR

VPIASSISTANT TREASURER

Date

4/25/00

Daytime Phone #

(561) 988-7823

CD000004 (0/00)