

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006519

1. Entity Name

NATIONAL TAPE CORPORATION

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

05-01-2000 90427 029 \*\*\*150.00

649230



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1400 PROVIDENCE HIGHWAY NORWOOD MA 02062		Mailing Address 1400 PROVIDENCE HIGHWAY NORWOOD MA 02062	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. # <b>TYCO INTERNATIONAL (US) INC.</b> <b>ONE TOWN CENTER ROAD</b> <b>PO BOX 5035</b> <b>BOCA RATON, FL 33431-0835</b>	
City & State		City & State	
Zip		Country	

4. FEI Number <b>72-0637092</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCDONOUGH, STEPHEN</b> <b>ONE TYCO PARK</b> <b>EXETER NH 03833</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BAILLIO, JAMES</b> <b>ONE TYCO PARK</b> <b>EXETER NH 03833</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Michael A. Robinson</b> <b>One Town Center Rd</b> <b>Boca Raton FL 33486</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BELNICK, MARK A</b> <b>ONE TYCO PARK</b> <b>EXETER NH 03833</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BENNAWIT, BART</b> <b>ONE TYCO PARK</b> <b>EXETER NH 03833</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/Asst Treasurer</b> <b>Scott Stevenson</b> <b>One Town Center Rd</b> <b>Boca Raton FL 33486</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GUTIN, IRVING</b> <b>ONE TYCO PARK</b> <b>EXETER NH 03833</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BRANDON, MARK</b> <b>ONE TYCO PARK</b> <b>EXETER NH 03833</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Scott Stevenson Vice President/Asst. Treasurer 4/25/00 (SD) 988-7823  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF Date Daytime Phone #