

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006519

1. Entity Name

NATIONAL TAPE CORPORATION

Principal Place of Business

1400 PROVIDENCE HIGHWAY
NORWOOD MA 02062

Mailing Address

TYCO INTERNATIONAL (US) INC.
ONE TOWN CENTER ROAD PO BOX 3035
BOCA RATON FL 33431-0835

2. Principal Place of Business

3. Mailing Address

PO Box 3038

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton FL

4. FEI Number

72-0637092

Applied For

Not Applicable

Zip

Country

Zip

Country

33431-0938

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, 2001 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	<input type="checkbox"/> Delete
NAME	MCDONOUGH, STEPHEN	
STREET ADDRESS	ONE TYCO PARK	
CITY-ST-ZIP	EXETER NH 03833	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBINSON, MICHAEL A	
STREET ADDRESS	ONE TOWN CENTER ROAD	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	V	<input type="checkbox"/> Delete
NAME	BELNICK, MARK A	
STREET ADDRESS	ONE TYCO PARK	
CITY-ST-ZIP	EXETER NH 03833	
TITLE	VPAT	<input type="checkbox"/> Delete
NAME	STEVENSON, SCOTT	
STREET ADDRESS	ONE TOWN CENTER ROAD	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUTIN, IRVING	
STREET ADDRESS	ONE TYCO PARK	
CITY-ST-ZIP	EXETER NH 03833	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRANDON, MARK	
STREET ADDRESS	ONE TYCO PARK	
CITY-ST-ZIP	EXETER NH 03833	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Three Tyco Park
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9 West 57th Street, 43rd Floor
CITY-ST-ZIP	New York, NY 10019
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Stevenson, Scott
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1400 Providence Highway
CITY-ST-ZIP	Norwood MA 02062

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

Scott Stevenson VP/Asst. Treas. 4/24/01 (561) 988 6376

Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE