

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000006519

FILED
Apr 23, 2002 8:00 AM
Secretary of State

Entity Name: NATIONAL TAPE CORPORATION

Current Principal Place of Business:

1400 PROVIDENCE HIGHWAY
NORWOOD, MA 02062

New Principal Place of Business:

Current Mailing Address:

P O BOX 3038
BOCA RATON, FL 334310938

New Mailing Address:

FEI Number: 72-0637092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCDONOUGH, STEPHEN
Address: THREE TYCO PARK
City-St-Zip: EXETER, NH 03833

Title: T () Delete
Name: ROBINSON, MICHAEL A
Address: ONE TOWN CENTER ROAD
City-St-Zip: BOCA RATON, FL 33486

Title: V () Delete
Name: BELNICK, MARK A
Address: 9 WEST 57TH STREET 43RD FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: VPAT () Delete
Name: STEVENSON, SCOTT
Address: ONE TOWN CENTER ROAD
City-St-Zip: BOCA RATON, FL 33486

Title: VD () Delete
Name: GUTIN, IRVING
Address: ONE TYCO PARK
City-St-Zip: EXETER, NH 03833

Title: V () Delete
Name: BRANDON, MARK
Address: 1400 PROVIDENCE HIGHWAY
City-St-Zip: NORWOOD, MA 02062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCDONOUGH, STEPHEN
Address: THREE TYCO PARK
City-St-Zip: EXETER, NH 03833

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SCOTT STEVENSON

VPAT

04/23/2002

Electronic Signature of Signing Officer or Director

Date