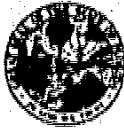


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P15248** (8)

1. Corporation Name

MUELLER SERVICE CO.

Principal Place of Business

Mailing Address

**3 TYCO PARK-TAX DEPT.
ANNUALS
EXETER NH 03833**

**3 TYCO PARK-TAX DEPT.
ANNUALS
EXETER NH 03833**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

07/20/1987

3a. Date of Last Report

04/25/1994

4. FEI Number

52-1523726

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of a registered agent under Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE

Signature, typed or printed name

Signature, typed or printed name

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO
NAME	KOZLOWSKI, L. DENNIS
STREET ADDRESS	3 TYCO PARK
CITY-ST-ZIP	EXETER NH
TITLE	AT
NAME	RODRIGUES, WILLIAM P
STREET ADDRESS	500 W ELDORADO ST
CITY-ST-ZIP	DECATUR IL
TITLE	VP
NAME	EGAN, JAMES H
STREET ADDRESS	500 W ELDORADO ST
CITY-ST-ZIP	DECATUR IL
TITLE	S
NAME	DOHERTY, BERNARD J
STREET ADDRESS	1 TYCO PARK
CITY-ST-ZIP	EXETER NH
TITLE	D
NAME	GUTIN, IRVING
STREET ADDRESS	1 TYCO PARK
CITY-ST-ZIP	EXETER NH
TITLE	D
NAME	HALL, TERRY L
STREET ADDRESS	1 TYCO PARK
CITY-ST-ZIP	EXETER NH

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1 Tyco Park
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	Dale Smith
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	mark H. Swartz
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernard J. Doherty

3/20/95