

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90124 003 \*\*\*150.00

DOCUMENT # P15248

1. Corporation Name

MUELLER SERVICE CO.

Principal Place of Business

3 TYCO PARK-TAX DEPT.  
ANNUALS  
EXETER NH 03833

Mailing Address

3 TYCO PARK-TAX DEPT.  
ANNUALS  
EXETER NH 03833

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1987

4. FEI Number

52-1523726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

-\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME KOZLOWSKI, L. DENNIS  
STREET ADDRESS 1 TYCO PARK  
CITY-ST-ZIP EXETER NH

TITLE T ☐ DELETE  
NAME ROBINSON, MICHAEL A  
STREET ADDRESS 1 TYCO PARK  
CITY-ST-ZIP EXETER NH 03833

TITLE P ☐ DELETE  
NAME SMITH, DALE  
STREET ADDRESS 500 W ELDORADO ST  
CITY-ST-ZIP DECATUR IL

TITLE VS ☐ DELETE  
NAME DOHERTY, BERNARD J  
STREET ADDRESS 1 TYCO PARK  
CITY-ST-ZIP EXETER NH

TITLE D ☒ DELETE  
NAME MILLER, BARBARA S  
STREET ADDRESS 1 TYCO PARK  
CITY-ST-ZIP EXETER NH 03833

TITLE D ☐ DELETE  
NAME SWARTZ, MARK H.  
STREET ADDRESS 1 TYCO PARK  
CITY-ST-ZIP EXETER NH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AT/S ☐ Change ☐ Addition  
1.2 NAME JEAN, DARRELL M  
1.3 STREET ADDRESS 500 W. ELDORADO STREET  
1.4 CITY-ST-ZIP DECATUR, IL 62522

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  
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  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99

Date

217-425-7305

Daytime Phone #

CR2E034 (11/98)