

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P15248

1. Entity Name

MUELLER SERVICE CO.

FILED
Feb 18, 2000 8:00 am
Secretary of State

02-18-2000 90014 001 ***300.00

Principal Place of Business

Mailing Address

3 TYCO PARK-TAX DEPT.
ANNUALS
EXETER NH 03833

3 TYCO PARK-TAX DEPT.
ANNUALS
EXETER NH 03833

2. Principal Place of Business

500 W. Eldorado St.

Suite, Apt. #, etc.

3. Mailing Address

500 W. Eldorado St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Decatur, IL

Zip

62522

Country

USA

City & State

Decatur, IL

Zip

62522

Country

USA

4. FEI Number

52-1523726

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 S. 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, 2000 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 D ☒ Delete
NAME KOZLOWSKI, L. DENNIS
STREET ADDRESS 1 TYCO PARK
CITY-ST-ZIP EXETER NH

TITLE D ☐ Change ☒ Addition
NAME Thompson, Dean
STREET ADDRESS 277 Park Ave.
CITY-ST-ZIP New York, NY 10172

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

TITLE D ☐ Change ☒ Addition
NAME White, Timothy
STREET ADDRESS 277 Park Ave.
CITY-ST-ZIP New York, NY 10172

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE D ☐ Change ☒ Addition
NAME Wittels, David
STREET ADDRESS 277 Park Ave.
CITY-ST-ZIP New York, NY 10172

TITLE ATS ☐ Delete
NAME JEAN, DARRELL M
STREET ADDRESS 500 W. ELDORADO STREET
CITY-ST-ZIP DECATUR IL 62522

TITLE CFO ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Darrell M. Jean

Darrell M. Jean

2/18/00

Date

217-425-7305

Daytime Phone #