

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19938

1. Entity Name  
ADT MAINTENANCE SERVICES, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90307 019 \*\*\*150.00

Principal Place of Business 1750 CLINT MOORE RD 2255 GLADES RD. SUITE 421A - POB 5035 BOCA RATON FL 33487 US	Mailing Address ONE TOWN CENTER RD. BOCA RATON FL 33486-1002 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. <b>TYCO INTERNATIONAL (US) INC. ONE TOWN CENTER ROAD</b>		
City & State	City & State <b>P.O. BOX 5035 BOCA RATON, FL 33431-0835</b>		
Zip	Country	Zip	Country

4. FEI Number	<b>31-0787888</b>	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GUARNIERI, JOHN J</b>	
STREET ADDRESS	<b>ONE TYCO PARK</b>	
CITY-ST-ZIP	<b>EXETER NH 03833</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BOGGESS, JERRY R</b>	
STREET ADDRESS	<b>1750 CLINT MOORE RD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ROBINSON, MICHAEL A.</b>	
STREET ADDRESS	<b>1750 CLINT MOORE RD.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>FINNEY, GRAY P</b>	
STREET ADDRESS	<b>1750 CLINT MOORE RD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>GUTIN, IRVING</b>	
STREET ADDRESS	<b>ONE TYCO PARK</b>	
CITY-ST-ZIP	<b>EXETER NH 03833</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DOHERTY, BERNARD J</b>	
STREET ADDRESS	<b>ONE TYCO PARK</b>	
CITY-ST-ZIP	<b>EXETER NH 03833</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>VP/Asst Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Scott Stevenson</b>	
STREET ADDRESS	<b>One Town Center Rd</b>	
CITY-ST-ZIP	<b>Boca Raton Fl 33486</b>	
TITLE	<b>Director, President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jerry R. Boggeess</b>	
STREET ADDRESS	<b>One Town Center Rd</b>	
CITY-ST-ZIP	<b>Boca Raton Fl 33486</b>	
TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P.Gray Finney</b>	
STREET ADDRESS	<b>One Town Center Rd</b>	
CITY-ST-ZIP	<b>Boca Raton Fl 33486</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>m. Brian moroze</b>	
STREET ADDRESS	<b>One Tyco Park</b>	
CITY-ST-ZIP	<b>Exeter NH 03833</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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]* **m. Brian moroze** **4-27-00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)