

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90090 024 ***550.00

DOCUMENT # P28023
1. Entity Name
HENRY PRATT COMPANY ✓

Principal Place of Business **Mailing Address**
401 SOUTH HIGHLAND AVE **ONE TOWN CENTER ROAD**
AURORA IL 60506 **BOCA RATON FL 33486**
US **US**

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

401 South Highland Ave
 Aurora, IL 60506
 60506 US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SMITH, DALE B 15 HAMPSHIRE STREET MANSFIELD MA 02048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete GUTIN, IRVING ONE TYCO PARK EXETER NH 03833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete KOZLOWSKI, DENNIS ONE TYCO PARK EXETER NH 03833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete MEAD, ROBERT P 15 HAMPSHIRE ST MANSFIELD MA 02048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SWARTZ, MARK H ONE TYCO PARK EXETER NH 03833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete DOHERTY, BERNARD J ONE TYCO PARK EXETER NH 03833

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President + CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Smith, Dale B 500 West Eldorado Street Decatur, IL 62525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO and Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Darrell M. Jean 500 West Eldorado Street Decatur, IL 62525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Walter Smith 500 West Eldorado Street Decatur, IL 62525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Sales + Marketing <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Steve Sharp 401 S. Highland Avenue Aurora, IL 60506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP + General Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Randy Berger 401 S. Highland Avenue Aurora, IL 60506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corporate Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Maura B. Strahl 401 S. Highland Avenue Aurora, IL 60506

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: Maura B. Strahl, Corporate Controller **8/28/00** **620/844-4000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 15/001