

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31083

1. Entity Name

CCTC INTERNATIONAL, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90432 023 ***150.00

Principal Place of Business

Mailing Address

1206 N. POST OAK BLVD

ONE TOWN CENTER ROAD

180

BOCA RATON FL 33486-1002

TX 77055

US

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. **TYCO INTERNATIONAL (US) INC.**
ONE TOWN CENTER ROAD

City & State

City & State **P.O. BOX 5035**
BOCA RATON, FL 33431-0835

Zip

Country

Zip

Country

4. FEI Number **22-3009849**

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

C T CORPORATION SYSTEM
1200 SOUTH 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	T	<input type="checkbox"/> Delete
NAME	ROBINSON, MICHAEL A	
STREET ADDRESS	1750 CLINT MOORE RD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOGGESE, JERRY R	
STREET ADDRESS	1750 CLINT MOORE RD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FINNEY, P. GRAY	
STREET ADDRESS	1750 CLINT MOORE RD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUARNIERI, JOHN J	
STREET ADDRESS	ONE TYCO PARK	
CITY-ST-ZIP	EXETER NH 03833	
TITLE	AT	<input type="checkbox"/> Delete
NAME	STEVENSON, SCOTT	
STREET ADDRESS	ONE TYCO PARK	
CITY-ST-ZIP	EXETER NH 03833	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	One Town Center Rd	
STREET ADDRESS	Boca Raton FL 33486	
CITY-ST-ZIP	Boca Raton FL 33486	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	One Town Center Rd	
STREET ADDRESS	Boca Raton FL 33486	
CITY-ST-ZIP	Boca Raton FL 33486	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	One Town Center Rd	
STREET ADDRESS	Boca Raton FL 33486	
CITY-ST-ZIP	Boca Raton FL 33486	
TITLE	VP / Asst Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

Scott Stevenson
Vice President/Asst. Treasurer

4/25/00

Date

(561) 988-7823

Daytime Phone #

CR2E034 (9/99)