

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-01-2000 90427 008 ***150.00

DOCUMENT # P39882

1. Entity Name
AUCTION TRANSPORT, INC.

Principal Place of Business

1100 SE HAMBLEN RD
 LEE'S SUMMIT MO 64801
 US

Mailing Address

ONE TOWN CENTER ROAD
 BOCA RATON FL 33486-1002
 US

649243



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt.

City & State

Zip

Country

TYCO INTERNATIONAL (US) INC.
ONE TOWN CENTER ROAD
P.O. BOX 5035
BOCA RATON, FL 33431-0835

4. FEI Number

43-1202790

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	D	<input type="checkbox"/> Delete
NAME	MCGEE, J. BRAD	
STREET ADDRESS	ONE TYCO PARK	
CITY-ST-ZIP	EXETER NH 03833	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, RICHARD H.	
STREET ADDRESS	1100 SE HAMBLEN RD	
CITY-ST-ZIP	LEE'S SUMMIT MO 64801	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PHIPPS, KOLEEN A.	
STREET ADDRESS	1100 S.E. HAMBLEN ROAD	
CITY-ST-ZIP	LEE'S SUMMIT MO	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUZZELL, JAMES R.	
STREET ADDRESS	435 METROPLEX DRIVE	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LENAR, JEFFERY L	
STREET ADDRESS	435 METROPLEX DR	
CITY-ST-ZIP	NASHVILLE TN 37211	
TITLE	AT	<input type="checkbox"/> Delete
NAME	STEVENSON, SCOTT	
STREET ADDRESS	ONE TOWN CENTER RD	
CITY-ST-ZIP	BOCA RATON FL 33486	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer, Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Jeffrey	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/Asst Treasurer	<input type="checkbox"/> Change <input checked="" 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 other like empowered.

SIGNATURE: *Scott Stevenson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Scott Stevenson
 Vice President/Asst. Treasurer

4/25/00 (Sot) 988-7823
 Date Daytime Phone #

CR2E034 (9/99)