

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000088939 (1)

1. Corporation Name

TYCO PRINTED CIRCUIT GROUP INC.

Principal Place of Business

4 OLD MONSON ROAD
STAFFORD CT 06075-0145
US

Mailing Address

4 OLD MONSON ROAD
STAFFORD CT 06075-0145
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1994

4. FEI Number

65-0539991

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BROCKWAY, PETER C
STREET ADDRESS 167 LITTLE HARBOR ROAD
CITY-ST-ZIP NEWCASTLE NH 03854 ☐ DELETE

TITLE VP
NAME GUARNIERI, JOHN J
STREET ADDRESS 51 RUTHERFORD ROAD
CITY-ST-ZIP CHELMSFORD MA 01824 ☐ DELETE

TITLE SEC
NAME MOROZE, M. BRIAN
STREET ADDRESS 34 PINE STREET
CITY-ST-ZIP EXETER FL 03833 ☐ DELETE

TITLE T
NAME MILLER, BARBARA
STREET ADDRESS 135B MARKET STREET
CITY-ST-ZIP PORTSMOUTH NH 03801 ☐ DELETE

TITLE VP
NAME MAYER, JOHN
STREET ADDRESS 339 S ISIS AVE
CITY-ST-ZIP INGLEWOOD CA ☐ DELETE

TITLE Group Controller
NAME Gerard Lamorte
STREET ADDRESS 44 Teco Drive
CITY-ST-ZIP Manchester, CT 06040 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Exeter, NH 03833

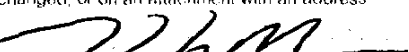
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS Group Controller
6.4 CITY-ST-ZIP Gerard Lamorte
44 Teco Drive
Stafford Springs, CT 06076

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:



3/3/98

860-684-7000

CR2E034 (10/97)