## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED**

D	OCUMENT	#	P990	0003	3647

Entity Name

May 01, 2000 8:00 am Secretary of State M/A-COM, INC. 05-01-2000 90432 030 \*\*\*150.00 Mailing Address Principal Place of Business 100 CHELMSFORD ST. 100 CHELMSFORD ST. LOWELL MA 01853 LOWELL MA 01851-2620 3. Mailing Address Box 5035 2. Principal Place of Business 1011 Pawtucket Blud Suite, Apt. #, etc. Suite, Apt. #, etc. Boca Raton Applied For City & State 4. FEI Number 65-0916944 FI Lowell MA Not Applicable Country Country \$8.75 Additional USA 01854 33486 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. **PLANTATION FL 33324** Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11, 11. Addition Change TITLE Neil Garvey 1 President ☐ Delete TITLE NAME -NAME 60 Columbia Turnpike, Bldg A STREET ADDRESS STREET ADDRESS 07960 Morristown NJ CITY-ST-ZIP CITY-ST-ZIP Addition UP | Asst. Treasurer ☐ Change TITLE ☐ Delete NAME Scott Stevenson STREET ADDRESS STREET ADDRESS One Town Center Rd CITY-ST-ZIP CITY-ST-ZIP Boca Raton Fl 33486 Addition ☐ Change Secretam ☐ Delete TITLE TITLE NAME Brian Moroze NAME STREET ADDRESS STREET ADDRESS One Tylo Park CJTY-ST-ZIE CITY-ST-ZIP Exeter NH 03833 ☐ Addition Delete TITLE ☐ Change TITLE Treasurer Michael A. Robinson NAME NAME One Town Center Rd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Boca Proton Fl 33486 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE Director TITLE J. Brad Hc Gee NAME NAME STREET ADDRESS STREET ADDRESS One Tyco Park CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME

13. Thereby 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 received in the corporation of the receiver or trustee empowered to execute this report as received in the corporation of the receiver or trustee empowered to execute this report as received in the corporation of the receiver or trustee empowered to execute this report as received in the corporation of the corporation or the receiver or trustee empowered to execute this report as received in the corporation of the receiver of trustee empowered to execute this report as received in the corporation of the c ; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an ad-Scott Stevenson

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President/Asst. Treasurer

Bernard Pietrowski 561-988-7823

Daytime Phone #

CR2F034 (9/99)