

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/1

**FILED**  
**Jun 03, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90425 025 \*\*\*150.00

**DOCUMENT # F98000005406**

1. Entity Name  
**AFC CABLE SYSTEMS, INC.**

Principal Place of Business Mailing Address  
**DUCHANE BLVD 272 DUCHANE BLVD**  
**BEDFORD MA 02745 NEW BEDFORD MA 02745-1222**  
**US**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**TYCO INTERNATIONAL (US) INC.**  
**ONE TOWN CENTER ROAD**  
**PO. BOX 5038**  
**BOCA RATON, FL 33486-0538**  
 City & State Zip Country  
**USA**



4. FEI Number **95-1517994** Applied For  Not Applicable   
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS ST**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name **CT Corporation System**  
 Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Road**  
 City **Plantation** FL Zip Code **33324**

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 *Barbara A Burke* DATE **5-24-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WHEELER, ROBERT R</b>	
STREET ADDRESS	<b>55 SAMUEL BARNET BOULEVARD</b>	
CITY-ST-ZIP	<b>NEW BEDFORD MA 02745</b>	
TITLE	<b>VSTD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KELLER, RAYMOND H</b>	
STREET ADDRESS	<b>55 SAMUEL BARNET BOULEVARD</b>	
CITY-ST-ZIP	<b>NEW BEDFORD MA 02745</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PAPITTO, RALPH R</b>	
STREET ADDRESS	<b>50 KENNEDY PLAZA SUITE 1250</b>	
CITY-ST-ZIP	<b>PROVIDENCE RI 02903</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SANTORO, ANTHONY J</b>	
STREET ADDRESS	<b>ONE OLD FERRY ROAD</b>	
CITY-ST-ZIP	<b>BRISTOL RI 02809</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DONAHUE, MALCOLM M</b>	
STREET ADDRESS	<b>108 HIGH ROCK LANE</b>	
CITY-ST-ZIP	<b>WESTWOOD MA 02090</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President / Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert P. Mead</b>	
STREET ADDRESS	<b>One Tyco Park</b>	
CITY-ST-ZIP	<b>Exeter NH 03833</b>	
TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Michael A. Robinson</b>	
STREET ADDRESS	<b>One Town Center Rd</b>	
CITY-ST-ZIP	<b>Boca Raton FL 33486</b>	
TITLE	<b>SECRETARY / DIRECTOR / VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bernard J. Doherty</b>	
STREET ADDRESS	<b>One Tyco Park</b>	
CITY-ST-ZIP	<b>Exeter NH 03833</b>	
TITLE	<b>VP / Asst. Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Scott Stevenson</b>	
STREET ADDRESS	<b>One Town Center Rd</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33486</b>	
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)(f), 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: *Scott Stevenson* **Scott Stevenson** Vice President/Asst. Treasurer **4/25/01 (561) 988-7823**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER Date Daytime Phone #

CR2E034 (9/99)