2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9900004907

1. Entity Name

SIGMA GP HOLDING, INC.

Principal Place of Business 451 N CANNON STREET LANSDALE PA 19446

Mailing Address

PO BOX 5985 BOCA RATON FL 33431

FILED May 02, 2001 8:00 am Secretary of State 05-02-2001 90031 012 ***150.00

2. Principal Place of Business 3. Mailing Addres										
	thew Street	P.O. Box 3038					T. 110 00			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SP	ACE		
City & State	3	City & State			4. F	El Number 58-2489228		Ap	plied For	
	Clara, CA	Boca Raton FL				30 2403220		No	t Applicable	
Žip	Country	Zip	· · · · · · · · · · · · · · · · · · ·			Certificate of Status Desired		8.75 Add		
95050	USA	33431-0938	a usa			Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
C T CORPORATION SYSTEM				Name						
1200 SOUTH PINE ISLAND ROAD			ſ	Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324										
Cattorior L 66621										
				City			FL	Zip Code	•	
8 The share of charging its registers					registered age	ent, or both, in the State of Flori	-ia	i		
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.										
OLOMATURE										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	restant in elimible to noticity its Intendible	IS \$150.0	in				_			
or this corporation to stage to the manual the manual transfer to				1 Fee will be \$550.00		 Election Campaign Finar Trust Fund Contribution. 	ncing		May Be to Fees	
(See criteria on back) Make Check Payable to D						rrust Furia Continbution.		Added	to rees	
11. OFFICERS AND DIRECTORS 12.					ADI	DITIONS/CHANGES TO OFFIC	ERS AND D	IRECTORS	IN 11	
TITLE	P	Delete	TITLE		President	, A1	. [Change	Addition	
NAME	GARVEY, NEIL		NAME		bardner	, steven				
STREET ADDRESS	OG OGLONDBY TOTAL MEL, BEDGE T			T ADDRESS	Stafford Spring, CT 06076					
CITY-ST-ZIP	MORRISTOWN 140 07 SOC		CITY-	ST-ZIP	Station	Joseph Sylver				
TITLE	VCFO	☑ Delete	TITLE	i	DIRECTOR	/Secretary Brian M.	Į	Change	Addition	
NAME	ROUSSELL, BRIAN		NAME	T ADDRESS	one Tyco	Par h			1	
STREET ADDRESS CITY-ST-ZIP	OLD MONSON ROAD STAFFORD CT 06075			ST-ZIP	EVELER.	NH 03833				
	V	Delete Delete				_,	· · · ·	l'Change =	Addition	
TITLE NAME	MCGEE, J. BRAD	□ Detete	NAME					ondings		
STREET ADDRESS	ONE TYCO PARK			T ADDRESS						
CITY-ST-ZIP	EXETER NH 03833		CITY-	ST-ZIP						
TITLE	V	Delete	TITLE			177211		Change	☐ Addition	
NAME	GARDNER, STEVEN		NAME			_			}	
STREET ADDRESS	OLD MONSON ROAD			T ADDRESS		CT CAST				
CITY-ST-ZIP	STAFFORD CT 06075		CITY-	ST-ZIP	<u> </u>	CT 06070				
TITLE	DODINGON MICHAEL	☐ Delete	TITLE				L	C hange	☐ Addition	
NAME STREET ADDRESS	ROBINSON, MICHAEL 712 FIFTH AVENUE, 48TH FLOOR	!	NAME	T ADDRESS	One Tarri	in Center Amod			ł	
CITY-ST-ZIP	•				SID TO SELLING					
TITLE	AT	☐ Delete	TITLE		VP AT		ſ	Change	☐ Addition	
NAME	STEVENSON, SCOTT	☐ Delete	NAME		V1 /11		,			
STREET ADDRESS	ONE TOWN CENTER ROAD			T ADDRESS					ĺ	
CITY-ST-ZIP	BOCA RATON FL 33486		CITY-	ST-ZIP						
13. Thereby certify that the information supplied with this filling 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 suppliemental 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 a address with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Stevenson UP/Asst.Treas.

(561) 988-6376

Daytime Phone #