



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2012

**1. ID No.** 000521591

**2. Exact Name of the Limited Liability Company** Tyco Thermal Controls LLC

**3. State of Formation**

State: DE

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

Engineered Products

**5. Principal Office Address**

No. and Street: 307 CONSTITUTION DRIVE

City or Town: MENLO PARK

State: CA

Zip: 94025

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: KARLA STOECKMAN Contact Title: SR. PARALEGAL

No. and Street: 5500 WAYZATA BOULEVARD

SUITE 800

City or Town: GOLDEN VALLEY

State: MN

Zip: 55416

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	DAVID ALAN DUNBAR	5500 WAYZATA BOULEVARD, SUITE 800 GOLDEN VALLEY, MN 55416 USA
MANAGER	ANGELA D LAGESON	5500 WAYZATA BOULEVARD, SUITE 800 GOLDEN VALLEY, MN 55416 USA
MANAGER	MICHAEL V. SCHROCK	5500 WAYZATA BOULEVARD, SUITE 800 GOLDEN VALLEY, MN 55416 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 10 WEYBOSSET STREET PROVIDENCE , RI 02903

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 22 Day of January, 2013 at 11:40:43 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ANGELA D. LAGESON  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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