

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

04 FEB 25 PM 4: 57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **804269**

1. Corporation Name

GOODRICH CORPORATION, A NEW YORK CORPORATION

Principal Place of Business

Mailing Address

2730 W TYVOLA RD
 CHARLOTTE NC 28217
 US

2730 W TYVOLA RD
 CHARLOTTE NC 28217
 US

\$ 100.00



REINSTATEMENT

03-04

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/01/1934

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

34-0252680

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CCEO	BURNER, DAVID E LARSEN, MARSHALL O	2730 W TYVOLA RD	CHARLOTTE NC 28217
VP	ANDOLINO, JOSEPH F	2730 W TYVOLA RD	CHARLOTTE NC 28217
AS	KONEY, ROBERT D	2730 W TYVOLA RD	CHARLOTTE NC 28217
SVP	LINNERT, TERRENCE G	2730 W TYVOLA RD	CHARLOTTE NC 28217
AS	WAGNER, KENNETH L	2730 W TYVOLA RD	CHARLOTTE NC 28217
PCOO	LARSEN, MARSHALL O SCHOCH, ALEXANDER	2730 W TYVOLA RD	CHARLOTTE NC 28217

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

100030385011

03/12/04--01051--014 **750.00

City

Tallahassee

State

FL

Zip Code

32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Carla Lohi

Carla Lohi

Asst. Vice President

Date

2-25-04

500029525425

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/03

Date

704 423 7564

Daytime Phone #

CR2E040 (7/03)

282



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 457979 7282677

AUTHORIZATION :

Patricia Pigato

COST LIMIT :

900⁰⁰ *100.00*

ORDER DATE : February 24, 2004

ORDER TIME : 1:12 PM

ORDER NO. : 457979-020

CUSTOMER NO: 7282677

CUSTOMER: Ms. Jennie M. Raine
Goodrich Corporation
Four Coliseum Centre
2730 West Tyvola Road
Charlotte, NC 28217-4578

CHANGE OF AGENT

NAME: GOODRICH CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

RECEIVED
04 FEB 26 AM 10:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
04 FEB 25 PM 2:51
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RESUBMIT

Please give original
submission date as file date.