

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804269

FILED
Apr 08, 2010
Secretary of State

Entity Name: GOODRICH CORPORATION, A NEW YORK CORPORATION

Current Principal Place of Business:

2730 W TYVOLA RD
CHARLOTTE, NC 28217 US

New Principal Place of Business:

Current Mailing Address:

2730 W TYVOLA RD
CHARLOTTE, NC 28217 US

New Mailing Address:

FEI Number: 34-0252680 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CCEO
Name: LARSEN, MARSHALL O
Address: 2730 W TYVOLA RD
City-St-Zip: CHARLOTTE, NC 28217

Title: VP
Name: CARMOLA, JOHN J
Address: 2730 W TYVOLA RD
City-St-Zip: CHARLOTTE, NC 28217

Title: D
Name: LARSEN, MARSHALL O
Address: 2730 W TYVOLA RD
City-St-Zip: CHARLOTTE, NC 28217

Title: EVP
Name: LINNERT, TERENCE G
Address: 2730 W TYVOLA RD
City-St-Zip: CHARLOTTE, NC 28217

Title: T
Name: MCAULEY, MICHAEL G
Address: 2730 W TYVOLA RD
City-St-Zip: CHARLOTTE, NC 28217

Title: VPS
Name: DIPIERO, FRANK A
Address: 2730 W TYVOLA RD
City-St-Zip: CHARLOTTE, NC 28217

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANK A. DIPIERO

VPS

04/08/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date