

# 2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

04 FEB 25 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # G64989**

1. Entity Name  
**GOODRICH LIGHTING SYSTEMS, INC.**



Principal Place of Business  
**129 FAIRFIELD ST  
OLDSMAR FL 34677**

Mailing Address  
**2730 W. TYVOLA  
TAX DEPT.  
CHARLOTTE NC 28217  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-2341516** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name  
**Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**

City **Tallahassee** FL Zip Code **32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carla Lohi* **Carla Lohi**  
**Asst. Vice President** 2-25-04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PISRATEILLA, MICHAEL J</b>	
STREET ADDRESS	<b>2730 W TYVOLA ROAD</b>	
CITY-ST-ZIP	<b>CHARLOTTE NC 28217</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ANDOLINO, JOSEPH F</b>	
STREET ADDRESS	<b>2730 W. TYVOLA RD</b>	
CITY-ST-ZIP	<b>CHARLOTTE NC 28217</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WAGNER, KENNETH L</b>	
STREET ADDRESS	<b>2730 W. TYVOLA RD</b>	
CITY-ST-ZIP	<b>CHARLOTTE NC 28217</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>KUECHLE, SCOTT E</b>	
STREET ADDRESS	<b>2730 W. TYVOLA RD</b>	
CITY-ST-ZIP	<b>CHARLOTTE NC 28217</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PISCATELLA, MICHAEL J</b>	
STREET ADDRESS	<b>2730 W. TYVOLA RD</b>	
CITY-ST-ZIP	<b>CHARLOTTE NC 28217</b>	
TITLE	<b>D + V</b>	<input type="checkbox"/> Delete
NAME	<b>SCHOCH, ALEXANDER C</b>	
STREET ADDRESS	<b>2730 W. TYVOLA RD</b>	
CITY-ST-ZIP	<b>CHARLOTTE NC 28217</b>	

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ralph Demarco</b>	
STREET ADDRESS	<b>129 Fairfield St</b>	
CITY-ST-ZIP	<b>Oldsmar, FL 34677</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Robert D. Koney, Jr.</b>	
STREET ADDRESS	<b>2730 W. Tyvola Rd</b>	
CITY-ST-ZIP	<b>Charlotte, NC 28217</b>	

12. I hereby certify that the information supplied with this filing 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Schoch* **SIGNATURE REQUIRED** 11/5/03 704-423-7564  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)