


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90164 045 \*\*\*150.00

<b>DOCUMENT # G64989</b>					
1. Entity Name GOODRICH LIGHTING SYSTEMS, INC.					
Principal Place of Business 129 FAIRFIELD ST OLDSMAR, FL 34677		Mailing Address 2730 W. TYVOLA JENNIE M RAINÉ Gail Gormly CHARLOTTE, NC 28217 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2341516	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHLEGEL, BRIAN J		NAME		
STREET ADDRESS	129 FAIRFIELD STREET		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDOLINO, JOSEPH F		NAME		
STREET ADDRESS	2730 W. TYVOLA RD		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 28217		CITY-ST-ZIP		
TITLE	D S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WAGNER, KENNETH L		NAME		
STREET ADDRESS	2730 W. TYVOLA RD		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 28217		CITY-ST-ZIP		
TITLE	D VP	<input checked="" type="checkbox"/> Delete	TITLE	VP + T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUECHLE, SCOTT E		NAME	Lewis, Houghton	
STREET ADDRESS	2730 W. TYVOLA RD		STREET ADDRESS	2730 W. Tyvola Rd	
CITY-ST-ZIP	CHARLOTTE, NC 28217		CITY-ST-ZIP	Charlotte, NC 28217	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONEY, ROBERT D JR		NAME		
STREET ADDRESS	2730 WEST TYVOLA ROAD		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 28217		CITY-ST-ZIP		
TITLE	D VP	<input type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEIB, SALLY L		NAME		
STREET ADDRESS	2730 W. TYVOLA RD		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 28217		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>J. Gail Gormly</u>			Date: <u>4/13/06</u>		Daytime Phone #: <u>704-423-5528</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT  
~~H0068980~~  
~~# 669989~~

**Goodrich Lighting Systems, Inc.**

**Directors**

<b>Appointments</b>		
<b>Appointed person</b>	<b>Appointed as</b>	<b>Work address</b>
Geib, Sally L.	Director	2730 West Tyvola Road, Four Coliseum Centre, Charlotte, NC, 28217
Lewis, Houghton	Director	2730 West Tyvola Road, Four Coliseum Centre, Charlotte, NC, 28217

**Officers**

<b>Appointed person</b>	<b>Job Title</b>	<b>Work address</b>
Albrecht, Julie C.	Assistant Treasurer	2730 West Tyvola Road, Four Coliseum Centre, Charlotte, NC 28217
Andolino, Joseph F.	Vice President	2730 West Tyvola Road, Four Coliseum Centre, Charlotte, NC 28217
Cappiello, Paul V.	Assistant Vice President	2730 West Tyvola Road, Four Coliseum Centre, Charlotte, NC 28217
Durkin, Joseph J.	Assistant Secretary	100 Wooster Heights Road, Danbury CT 06810
Geib, Sally L.	Vice President and Assistant Secretary	2730 West Tyvola Road, Four Coliseum Centre, Charlotte, NC 28217
Gormly, L. Gail	Assistant Secretary	2730 West Tyvola Road, Four Coliseum Centre, Charlotte, NC 28217
Kuechle, Scott E.	Vice President	2730 West Tyvola Road, Four Coliseum Centre, Charlotte, NC 28217
Lewis, Houghton	Vice President and Treasurer	2730 West Tyvola Road, Four Coliseum Centre, Charlotte, NC 28217
McDonald, Warren K.	Assistant Vice President	2730 West Tyvola Road, Four Coliseum Centre, Charlotte, NC 28217
Murphy, Rita R.	Vice President	129 Fairfield Street, Oldsmar FL 34677
Hernandez, Pedro P.	Assistant Secretary	2730 West Tyvola Road, Four Coliseum Centre, Charlotte NC 28217
Rowe, Roy Leonard (Jr.)	Assistant Secretary	2730 West Tyvola Road, Four Coliseum Centre, Charlotte, NC 28217
Schlegel, Brian J.	President	129 Fairfield Street, Oldsmar FL 34677
Witowski, Gerald T.	Chief Executive Officer	2730 West Tyvola Road, Four Coliseum Centre, Charlotte, NC 28217