

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P20830 (6)
 1. Corporation Name
GENERAL SIGNAL TECHNOLOGY CORPORATION



Principal Place of Business 1 HIGH RIDGE PARK STAMFORD CT 06904 US	Mailing Address 135 MT READ BLVD TAX DEPT ROCHESTER NY 14611-1821 US
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3. Date Incorporated or Qualified 09/16/1988	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	25. Mailing Address Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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4. FEI Number 04-3006568	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VSD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SMITH, EDGAR J.		1.2 NAME Bober, Joanne L.	
STREET ADDRESS 28 LEFURGY AVENUE		1.3 STREET ADDRESS 300 E. 75th St.	
CITY-ST-ZIP HASTING ON HUDSON NY		1.4 CITY-ST-ZIP New York, NY 10021	
TITLE AS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CUNNANE, THOMAS A.		2.2 NAME	
STREET ADDRESS 68 DORIS DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP MONROE CT		2.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAYLOR, THOMAS E		3.2 NAME	
STREET ADDRESS 6 CEDAR ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP WILTON CT		3.4 CITY-ST-ZIP	
TITLE VT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TWOMBLY, JULIAN B.		4.2 NAME Mortimer, Terry	
STREET ADDRESS HAMPTON HOUSE, HAMPTON LANE		4.3 STREET ADDRESS 39 Ravenwood Drive	
CITY-ST-ZIP NEW CANAAN CT		4.4 CITY-ST-ZIP Weston, CT 06883	
TITLE PD	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOCKHART, MICHAEL D		5.2 NAME	
STREET ADDRESS 43 HARBOR DRIVE UNIT 503		5.3 STREET ADDRESS	
CITY-ST-ZIP STANFORD CT		5.4 CITY-ST-ZIP Stamford, CT 06902	
TITLE AS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KINGSLEY, THOMAS E		6.2 NAME	
STREET ADDRESS 33 HIGH VALLEY ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP RIDGEFIELD CT		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address _____

SIGNATURE: *T.E. Kingsley, Jr.* **T.E. KINGSLEY, JR.**
 ASSISTANT SECRETARY 4/4/97 203-329-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)