

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

**FILED**

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

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



Principal Place of Business <b>1 HIGH RIDGE PARK STAMFORD CT 06904 US</b>	Mailing Address <b>135 MT READ BLVD TAX DEPT ROCHESTER NY 14611-1821 US</b>
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3. Date Incorporated or Qualified <b>09/16/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number <b>04-3006568</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

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	
TITLE <b>VSD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SMITH, EDGAR J.</b>	
STREET ADDRESS <b>28 LEFURGY AVENUE</b>	
CITY-ST-ZIP <b>HASTING ON HUDSON NY</b>	
TITLE <b>AS</b>	<input type="checkbox"/> DELETE
NAME <b>CUNNANE, THOMAS A.</b>	
STREET ADDRESS <b>68 DORIS DRIVE</b>	
CITY-ST-ZIP <b>MONROE CT</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE
NAME <b>TAYLOR, THOMAS E</b>	
STREET ADDRESS <b>6 CEDAR ROAD</b>	
CITY-ST-ZIP <b>WILTON CT</b>	
TITLE <b>VT</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>TWOMBLY, JULIAN B.</b>	
STREET ADDRESS <b>HAMPTON HOUSE, HAMPTON LANE</b>	
CITY-ST-ZIP <b>NEW CANAAN CT</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>LOCKHART, MICHAEL D</b>	
STREET ADDRESS <b>43 HARBOR DRIVE UNIT 503</b>	
CITY-ST-ZIP <b>STANFORD CT</b>	
TITLE <b>AS</b>	<input type="checkbox"/> DELETE
NAME <b>KINGSLEY, THOMAS E</b>	
STREET ADDRESS <b>33 HIGH VALLEY ROAD</b>	
CITY-ST-ZIP <b>RIDGEFIELD CT</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>VSD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Bober, Joanne L.</b>	
1.3 STREET ADDRESS <b>300 E. 75th St.</b>	
1.4 CITY-ST-ZIP <b>New York, NY 10021</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>VT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Mortimer, Terry</b>	
4.3 STREET ADDRESS <b>39 Ravenwood Drive</b>	
4.4 CITY-ST-ZIP <b>Weston, CT 06883</b>	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP <b>Stamford, CT 06902</b>	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)