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Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 09/16/1988	
4. FEI Number 04-3006568	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 607.0605, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	VP - T - D
NAME	BOBER, JOANNE L	1.2 NAME	Terence D. Martin
STREET ADDRESS	300 E 75TH STREET	1.3 STREET ADDRESS	1 High Ridge Park
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	Stamford CT
TITLE	AS	2.1 TITLE	ASST. Treas
NAME	CUNNANE, THOMAS A.	2.2 NAME	James H. Doherty
STREET ADDRESS	68 DORIS DRIVE	2.3 STREET ADDRESS	1 High Ridge Park
CITY-ST-ZIP	MONROE CT	2.4 CITY-ST-ZIP	Stamford CT
TITLE	V	3.1 TITLE	
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	4.1 TITLE	
NAME	MORTIMER, TERRY	4.2 NAME	
STREET ADDRESS	39 RAVENWOOD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON CT	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	
NAME	LOCKHART, MICHAEL D	5.2 NAME	
STREET ADDRESS	43 HARBOR DRIVE UNIT 503	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
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 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.

CR2E034 (10/97)