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Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90034 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P20830

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/16/1988

4. FEI Number
04-3006568

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 P.O. Box 3301
 27 Suite, Apt. #, etc.
 28 City & State
Muskegon, MI
 29 Zip Country
49443 USA
 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	BOBER, JOANNE L	
STREET ADDRESS	300 E 75TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPTD	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, TERENCE D	
STREET ADDRESS	1 HIGH RIDGE PARK	
CITY-ST-ZIP	STANFORD CT	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	DOHERTY, JAMES H	
STREET ADDRESS	1 HIGH RIDGE PARK	
CITY-ST-ZIP	STAMFORD CT	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LOCKHART, MICHAEL D	
STREET ADDRESS	43 HARBOR DRIVE UNIT 503	
CITY-ST-ZIP	STAMFORD CT	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Patrick J. O'Leary	
1.3 STREET ADDRESS	700 Terrace Point Dr.	
1.4 CITY-ST-ZIP	Muskegon, MI 49443	
2.1 TITLE	VP/Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Arthur R. Cross	
2.3 STREET ADDRESS	700 Terrace Point Dr.	
2.4 CITY-ST-ZIP	Muskegon, MI 49443	
3.1 TITLE	VP/Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Christopher J. Kearney	
3.3 STREET ADDRESS	700 Terrace Point Dr.	
3.4 CITY-ST-ZIP	Muskegon, MI 49443	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: Christopher J. Kearney RECHristopher J. Kearney/Secretary 2/16/99 (616)7245000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)