

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 04 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 # **P32950** (8)

1. Corporation Name
GENERAL RAILWAY SIGNAL CORPORATION

Principal Place of Business 150 SAWGRASS DR. ROCHESTER NY 14620 US	Mailing Address 150 SAWGRASS DR. ROCHESTER NY 14620 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1991	3a. Date of Last Report 05/17/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-1711877	Applied For ☐ Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ 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
				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 _____
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	NAME	1.1 TITLE	1.2 NAME
PD	MAESTRONI, MARIO	☐ DELETE	
STREET ADDRESS	264 CLOVER HILLS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY	1.4 CITY-ST-ZIP	
VPF	TURNER, BRUCE K	☒ DELETE	
STREET ADDRESS	77 BROADMOOR TRAIL	2.1 TITLE	VPF
CITY-ST-ZIP	FAIRPORT NY	2.2 NAME	Keith Charles
		2.3 STREET ADDRESS	3 misty meadow way
		2.4 CITY-ST-ZIP	Fairport, NY 14450
S	QUATELA, LAURA G	☒ DELETE	
STREET ADDRESS	465 MT VERNON	3.1 TITLE	
CITY-ST-ZIP	ROCHESTER NY	3.2 NAME	Edward J. Delta
		3.3 STREET ADDRESS	40 Heathstone Lane
		3.4 CITY-ST-ZIP	Rochester, NY 14618
T	HOFFMAN, JEFFREY W.	☒ DELETE	
STREET ADDRESS	585 PECK RD.	4.1 TITLE	
CITY-ST-ZIP	SPENCERPORT NY	4.2 NAME	Michael J. Tolpa
		4.3 STREET ADDRESS	45 Harold Avenue
		4.4 CITY-ST-ZIP	Rochester, NY 14623
VP	DONATELLO, DANIEL F	☐ DELETE	
STREET ADDRESS	30 SMALLWOOD DRIVE	5.1 TITLE	
CITY-ST-ZIP	PITTSFORD NY	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
V	BLUE, STEVEN L.	☒ DELETE	
STREET ADDRESS	73 OLD COUNTRY LANE	6.1 TITLE	P
CITY-ST-ZIP	FAIRPORT NY	6.2 NAME	William Darling
		6.3 STREET ADDRESS	2 Fawn Run
		6.4 CITY-ST-ZIP	Pittsford, NY 14534

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: _____

Michael J. Tolpa

7/29/97 (716)-783-2458

CR2E034 (4/97)