File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 98 MAY -6 AM II: 36 Name and Mailing Address of Limited Liability Company **DOCUMENT** # M95000000220 GE-HARRIS RAILWAY ELECTRONICS, L.L.C., LIN 1a. Principal Place of Business Address ITED COMPANY P.O. BOX 2216 407 JOHN RODES BLVD SCHENECTADY NY 12301-2216 MELBOURNE FL 32902 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 07/20/1995 DESuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 25-1768036 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 05/22/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Suite, Act. #, etc. City Zip Code 2. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required which reinstating) **Business Street Address** 10. Title Managing Members/Managers City, State and Zip Code MGRM GENERAL ELECTRIC COM, 3135 EASTON TURNPIKE FAIRFIELD CT MGRM HARRIS CORPORATION, 1025 W. NASA BLVD. MELBOURNE FL

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN MANAGING MEMBER OR MANAGER

4/29/98 (401) 242-4658
Date Dayline Phone #