2001 UNIFORM BUSINESS REPORT (UBR)

DOCLU	MENT # MOTOOOG	20220		<u>, </u>	FILED		•	
1. Entity Nam	MENT # M950000	30220			Olifop an out			
GE-HARRIS RAILWAY ELECTRONICS, LIC					01 APR 30 PM 4: 56			
					SECRETARY OF S TALLAHASSEE, FLI	TATE		
	ce of Business	Mailing Address			IALLAHASSEE, FLI	URIDA		
407 JOHN RODES BLVD PO BOX 221 MELBOURNE, FL 32902 SCHENECTAL		SCHENECTADY	. NY 12:	301				
	14.4, 12 32302	201121202112	, 111 12					
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Ì	DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number 25-1768036		Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$5.00 A	dditional	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registere	Fee Requi	ired	
CT COR	PORATION SYSTEM		Name*					
1200 SOUTH PINE ISLAND ROAD			Street A	t Address (P.O. Box Number is Not Acceptable)				
	TION, FL 33324	3 1(011)	-			-		
LUMITA	.11ON, 1L 33324					 _		
			City	•	FI	L Zip C	ode	
8. The above	named entity submits this statemen	t for the purpose of changing	its registered offi	ce or reg	pistered agent, or both, in the State of Flori	da.		
		•				·	j	
SIGNATURE	Signature, typed or printed name of regis	tered agent and title if applicab e	(NOTE: Reg	istered Ag	ent signature required when reinstating)	DATE		
		EILE NOW	!! FEE IS \$50.0	10				
		Make Check Payabl	e to Departme		ate			
9.	MANAGING MEMBER	RS/MANAGERS	10.	<u>-</u>	ADDITIONS/CHANGES			
TITLE	MGRM GENERAL ELECTRI	Delete	TITLE			Change	Addition	
NAME STREET ADDRESS	3135 EASTON TUR		NAME STREET ADDRESS		70000421	.809	37 <u>#</u>	
CITY - ST - ZIP	FAIRFIELD CT 06		CITY - ST - ZIP]	-05/15/01		9020	
TITLE	MGRM	Delete	TITLE		*****50.1	CRAS		
VAME.	HARRIS CORPORAT 1025 W. NASA BL		NAME			_	_	
STREET ADORESS CITY - ST - ZIP	MELBOURNE, FL 3		STREET ADDRESS CITY - ST - ZIP				. 1	
TITLE		Delete	TITLE	VP		Change	Addition	
NAME			NAME		ERSON MCMULLEN	T. T. T. T.		
STREET ADORESS			STREET ADDRESS CITY - ST - ZIP		NORTH JOHN RODES : BOURNE, FL 32934	вглл		
CITY - ST - ZIP		Delete	TITLE		SIDENT & DIRECTOR	Change	Addition	
VAME		Dente	NAME		G HERREMA	Onlings		
STREET ADDRESS			STREET ADDRESS	,	1 EAST AVINGDON DR	IVE	}	
DITY - ST - ZIP			CITY - ST - ZIP		XANDRIA VA 22314			
TITLE NAME		Delete	TITLE NAME		& CFO F TUSHAR	Change	Addition	
STREET ADDRESS		,	STREET ADDRESS		1 EAST AVINGDON DR	ΙΫΕ		
DIY - ST - ZIP			CITY - ST - ZIP		XANDRIA VA 22314		/ -	
TITLE		Delete	TITLE		!	Change	Addition	
VAME STREET ADDRESS			NAME STREET ADDRESS-	<u> </u>	1			
CITY - ST - ZIP			CITY - ST - ZIP	. · »; « ·	Magazia San San San San San San San San San Sa)4		
11. I hereby cer	rtify that the information supplied with	n this filing does not qualify for		tated in	Section 119,07(3)(i). Florida Statutes Trur	ther certify +	hat the	
information	indicated on this report is true and a	iccurate and that my signs tur	e shall have the s	ame leg	Section 119.07(3)(i), Florida Statutes. I fun al effect as if made under oath; that I am a required by Chapter 608, Florida Statutes.	managing r	hat the member or	

4/20/01

Daytime Phone #

SIGNATURE: WI'' & ASST TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date
STEFF.132519F.1