

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** M95000000220

1. Entity Name

GE HARRIS RAILWAY ELECTRONICS, LLC

(NC) LW

FILED**May 15, 2002 8:00 am**
Secretary of State

05-15-2002 90136 033 ****50.00

Principal Place of Business

Mailing Address

P.O. BOX 2216
SCHENECTADY NY 12301-2216

2. Principal Place of Business

3. Mailing Address

407 JOHN RODES BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MELBOURNE, FL

City & State

4. FEI Number
25-1768036Applied For
Not ApplicableZip
32902Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHIEF FINANCIAL OFFICER ☐ Delete
ANDREW NEWELL
1600 NE COLORADO DRIVE
BLUE SPRINGS, MO 64014-6236TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT ☐ Delete
THOMAS G. HAMMOOR
1600 NE COLORADO DRIVE
BLUE SPRINGS, MO 64014-6236TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY ☐ Delete
ROBERT J. PAYNE
1600 NE COLORADO DRIVE
BLUE SPRINGS, MO 64014-6236TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 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.

SIGNATURE: 

BARBARA A. MELITA

4/25/02

(518) 433-4337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE VP & AT Date

Daytime Phone #