# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 03, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # M95000000220

1. Entity Name
GE TRANSPORTATION SYSTEMS GLOBAL SIGNALING, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 407 JOHN RODES BLVD<br>MELBOURNE, FL 32902 | P.O BOX 2216<br>SCHENECTADY, NY 12301-2216 |

03212005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
25-1768036
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2005**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | NEWELL, ANDREW |
| STREET ADDRESS | 2712 DILLINGHAM RD |
| CITY-ST-ZIP | GRAIN VALLEY, MO 64029 |
| TITLE | MGRM |
| NAME | CAPONECCHI, KEVIN J |
| STREET ADDRESS | 2712 S DILLINGHAM RD., P.O. BOX 600 |
| CITY-ST-ZIP | GRAIN VALLEY, MO 64029 |
| TITLE | MGRM |
| NAME | PAYNE, ROBERT J |
| STREET ADDRESS | 2712 DILLINGHAM RD |
| CITY-ST-ZIP | GRAIN VALLEY, MO 64029 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/04/05-80146-014 50.00

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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:** B A Cameron BARBARA A. CAMERON 4/19/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #