

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95000000220			
1. Entity Name GE TRANSPORTATION SYSTEMS GLOBAL SIGNALING, LLC			
Principal Place of Business 407 JOHN RODES BLVD MELBOURNE, FL 32902		Mailing Address P.O. BOX 2216 SCHENECTADY, NY 12301-2216	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent Signature required when submitting)			
DATE _____			
			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWELL, ANDREW 1600 NE COLORADO DRIVE BLUE SPRINGS, MO 640146236 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2712 DILLINGHAM ROAD GRAIN VALLEY MO 64029 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMMOOR, THOMAS G 1600 NE COLORADO DRIVE BLUE SPRINGS, MO 640146236 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2712 DILLINGHAM ROAD GRAIN VALLEY MO 64029 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAYNE, ROBERT J 1600 NE COLORADO DRIVE BLUE SPRINGS, MO 640146236 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2712 DILLINGHAM ROAD GRAIN VALLEY MO 64029 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100017838271 05/01/03--01066--003 **50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE 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 606, Florida Statutes.			
SIGNATURE: 		BARBARA A. MELITA VP/AT 518-433-4337 4/22/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Cayman Phone #	

FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

CP2003 (1/02)