FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 842347 (7)

1. Corporation Name
GENERAL SIGNAL CORPORATION

Principal Place of Business
1 HIGH RIDGE PARK
~~1000 MILLSTEAD WAY~~
~~STAMFORD CT 06904-0201~~
US

Mailing Address
P.O. BOX 10010
~~1000 MILLSTEAD WAY~~
STAMFORD CT 06904-0201
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1979
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21 1 High Ridge Park
Suite, Apt #, etc 22
City & State 23 Stamford CT
Zip 24 06904 County 25

2a. Mailing Address
26 P.O. Box 10010
Suite, Apt #, etc 27
City & State 28 Stamford CT
Zip 29 06904 County 30

4. FEI Number: 16-0445660 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has activity for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Signature of Registered Agent and Title if applicable) (Signature of Registered Agent if not resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	11 TITLE		☐ Change ☐ Addition
NAME	CARPENTER, E. M.	12 NAME		
STREET ADDRESS	HIGH RIDGE PARK	13 STREET ADDRESS		
CITY, ST, ZIP	STAMFORD, CT 00000	14 CITY, ST, ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	FRIEDMAN, J. S.	22 NAME		
STREET ADDRESS	HIGH RIDGE PARK	23 STREET ADDRESS		
CITY, ST, ZIP	STAMFORD, CT 00000	24 CITY, ST, ZIP		
TITLE	V	31 TITLE	Martin, Terence	☒ Change ☐ Addition
NAME	LAING, P.A.	32 NAME	~~Pursuant~~ CFO	
STREET ADDRESS	HIGH RIDGE PARK	33 STREET ADDRESS	High Ridge Park	
CITY, ST, ZIP	STAMFORD, CT 00000	34 CITY, ST, ZIP	Stamford, CT	
TITLE	VP	41 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, THOMAS E.	42 NAME		
STREET ADDRESS	HIGH RIDGE PARK	43 STREET ADDRESS		
CITY, ST, ZIP	STAMFORD CT	44 CITY, ST, ZIP		
TITLE	VP	51 TITLE	Lockhart, Michael	☒ Change ☐ Addition
NAME	NAGY, S.W.	52 NAME	President	
STREET ADDRESS	HIGH RIDGE PARK	53 STREET ADDRESS	High Ridge Park	
CITY, ST, ZIP	STAMFORD, CT 00000	54 CITY, ST, ZIP	Stamford, CT	
TITLE	VPC	61 TITLE		☐ Change ☐ Addition
NAME	GOODRICH, PHILIP A	62 NAME		
STREET ADDRESS	HIGH RIDGE PARK	63 STREET ADDRESS		
CITY, ST, ZIP	STAMFORD CT	64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(e), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: T.E. Kingsley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T.E. KINGSLEY, JR.
ASSISTANT SECRETARY 4-11-95 203-329-4400
Daytime Phone #

0000304 CF