

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 842347 (7)

1. Corporation Name

GENERAL SIGNAL CORPORATION



Principal Place of Business

1 HIGH RIDGE PARK  
1000 MILLSTEAD WAY  
STAMFORD CT 06904  
US

Mailing Address

P. O. BOX 10010  
STAMFORD CT 06904  
US

3. Date Incorporated or Qualified

01/10/1979

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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 liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
CEO	CARPENTER, E. M.	HIGH RIDGE PARK	STAMFORD, CT 00000	<input checked="" type="checkbox"/>
V	FRIEDMAN, J. S.	HIGH RIDGE PARK	STAMFORD, CT 00000	<input checked="" type="checkbox"/>
CFO	MARTIN, TERRENCE	HIGH RIDGE PARK	STAMFORD CT	<input type="checkbox"/>
VP	TAYLOR, THOMAS E.	HIGH RIDGE PARK	STAMFORD CT	<input type="checkbox"/>
P	LOCKHART, MICHAEL	HIGH RIDGE PARK	STAMFORD CT	<input type="checkbox"/>
VPC	GOODRICH, PHILIP A	HIGH RIDGE PARK	STAMFORD CT	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
VP	Elizabeth Conklyn	High Ridge Park	Stamford, CT 06904	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Edgar J Smith			<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)(k), Florida Statutes. I further certify that the information indicated on this 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.

T.E. KINGSLEY, JR.

ASSISTANT SECRETARY 4-22-96 203-329-4100

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)