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FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
STAMFORD CT 06804  
US

Mailing Address

P. O. BOX 10010  
STAMFORD CT 06804  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1979

4. FEI Number

16-0445660

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year intangible

Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 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 VP ☐ DELETE

NAME ELIZABETH CONKLYN  
STREET ADDRESS HIGH RIDGE PARK  
CITY-ST-ZIP STAMFORD CT

TITLE S ☐ DELETE

NAME BOBER, JOANNE L  
STREET ADDRESS HIGH RIDGE PARK  
CITY-ST-ZIP STAMFORD CT

TITLE CFO ☐ DELETE

NAME MARTIN, TERRENCE  
STREET ADDRESS HIGH RIDGE PARK  
CITY-ST-ZIP STAMFORD CT

TITLE VP ☒ DELETE

NAME TAYLOR, THOMAS E.  
STREET ADDRESS HIGH RIDGE PARK  
CITY-ST-ZIP STAMFORD CT

TITLE CEO ☐ DELETE

NAME LOCKHART, MICHAEL  
STREET ADDRESS HIGH RIDGE PARK  
CITY-ST-ZIP STAMFORD CT

TITLE T ☒ DELETE

NAME MARTINEZ, TERRY  
STREET ADDRESS HIGH RIDGE PARK  
CITY-ST-ZIP STAMFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Assistant Treasurer ☐ Change ☒ Addition

1.2 NAME James N. Doherty

1.3 STREET ADDRESS High Ridge Park

1.4 CITY-ST-ZIP Stamford, CT 06804

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE CFO & Treasurer ☒ Change ☐ Addition

3.2 NAME Martin Terrence

3.3 STREET ADDRESS High Ridge Park

3.4 CITY-ST-ZIP Stamford, CT

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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

CR2E034 (10/97)