

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000002115

1. Entity Name
GE HARRIS HARMON RAILWAY TECHNOLOGY, INC.



Principal Place of Business
**407 N. JOHN RODES BLVD.
MELBOURNE, FL 32934 US**

Mailing Address
**P.O. BOX 2216
SCHENECTADY, NY 12301 US**



02132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3445774

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCMULLEN, GREERSON G
407 N. JOHN RODES BLVD.
MELBOURNE, FL 32934**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000556168
05/16/06-80062-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCFO
NEWELL, ANDREW
2712 S. DILLINGHAM ROAD
GRAIN VALLEY, MO 64029**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HAMMOOR, THOMAS G
2712 S DILLINGHAM ROAD
GRAIN VALLEY, MO 64029**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAT
CAMERON, BARBARA A
12 CORPORATE WOODS BLVD
ALBANY, NY 12211**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA A. CAMERON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06 518-433-4337
Date Daytime Phone #