2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9700003997 1. Entity Name

GENERAL INSTRUMENT CORPORATION

Mailing Address

Principal Place of Business 101 TOURNAMENT DR 101 TOURNAMENT DR HORSHAM PA 19044 HORSHAM PA 19044 2. Principal Place of Business 3. Mailing Address

FILED Apr 19, 2001 8:00 am Secretary of State

04-19-2001 90290 024 ***150 00

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DATE



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|---|------------------------------------|------------------------|--|---|--|-----------------------------------|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | |
| City & State | | City & State | | | 4. FEI Number 36-4134221 | Applied For Not Applicable |
| Zip | Country | Zip | Country | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | |
| | | | | Name | | |
| 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | F | Zip Code |
| 8. The above nam | ed entity submits this statement f | or the purpose of char | nging its register | ed office or reg | istered agent, or both, in the State of Florida. | • |

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so

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

SIGNATURE

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PARSIDENT+CEO TITLE **X** Delete TITLE Change Addition DAVIDE. ROBINSON NAME BREEN, EDWARD D NAME 101 TOURSAMEST DEIVE STREET ADDRESS STREET ADDRESS 101 TOURNAMENT DRIVE CITY-ST-ZIP City-St-7iP HORSHAM PA 19044 Change TITLE ☐ Delete TITLE ☐ Addition NAME SCOTT, ROBERT A NAME STREET ADDRESS 101 TOURNAMENT DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HORSHAM PA 19044 **EVP** VICE PRESIDENT TITLE ☐ Delete TITLE Change □ Addition smith, RicHARD NAME SMITH, RICHARD C NAME 101 TORISMED 108 IVE STREET ADDRESS 101 TOURNAMENT DR_ STREET ADDRESS HOPIAA, DA19044 CITY-ST-ZIP HORSHAM PA 19044 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME PILLMORE, ERIC NAME STREET ADDRESS STREET ADDRESS 101 TOURNAMENT DRIVE CITY-ST-7IP CITY-ST-ZIP HORSHAM PA 19044 TITLE Delete TITLE Change ☐ Addition NAME OTT, ROBERT J NAME STREET ADDRESS 101 TOURNAMENT DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HORSHAM PA 19044 UNCEPRESIDE LOT + TREASURER A Change TITLE Delete TITLE ☐ Addition DAAM CAMHOR TOSMCUSCOTION NAME ROTHMAN, MARC E NAME STREET ADDRESS 101 TOURNAMENT DRIVE STREET ADDRESS CITY-ST-ZIP HORSHAM PA 19044 CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO