2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003997

Entity Name: GENERAL INSTRUMENT CORPORATION

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:				
101 TOURN HORSHAM									
Current Mailing Address:					New Mailing Address:				
1303 E. ALC SCHAUMBI			JS						
FEI Number:	36-4134221	FEIN	Number Applied	For () FEI Nui	mber Not Appli	cable ()	Certificate	e of Status De	sired()
Name and	Address of	f Curren	t Registered	Agent:	Name and	Address o	of New Regi	stered Ager	nt:
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,									
The above in the State		y submit	s this stateme	nt for the purpose o	of changing it	s registere	d office or re	gistered age	ent, or both,
SIGNATURE:									
	Electr	onic Sigr	nature of Regi	stered Agent				Date	
Election Cam	paign Financ	ing Trust	Fund Contributi	ion ().					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P MOLONEY, I 101 TOURNA HORSHAM, F	AMENT DR	IVE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DSVC ROTHMAN, M 1303 E ALGO SCHAUMBUR	NQUIN R			Title: Name: Address: City-St-Zip:		(X) Change(LARRY R GONQUIN ROAD JRG, IL 60196		
Title: Name: Address: City-St-Zip:	DAS RILEY, JANE 1303 E ALGO SCHAUMBUR	ONQUIN R			Title: Name: Address: City-St-Zip:		(X) Change(ET M GONQUIN ROAL IRG, IL 60196		
Title: Name: Address: City-St-Zip:	SV BURKE, JOH 1303 E ALGO SCHAUMBUR	ONQUIN R			Title: Name: Address: City-St-Zip:		(X) Change(HN GONQUIN ROAI JRG, IL 60196		
Title: Name: Address: City-St-Zip:	CV CLIFFORD, I 1303 E ALGO SCHAUMBUR	ONQUIN R	OAD		Title: Name: Address: City-St-Zip:		(X) Change(H GONQUIN ROAE JRG, IL 60196	•	
Title: Name: Address: City-St-Zip:	AS FORSYTE, C 1303 E ALGO SCHAUMBUR	ONQUIN R			Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET M. RILEY AS/D 04/08/2009