2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G64989

Title:

Name:

Address:

City-St-Zip:

DS

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LICHTENBERGER, VINCENT M

2730 W. TYVOLA RD

CHARLOTTE, NC 28217

FILED Apr 04, 2008 Secretary of State

Entity Name: GOODRICH LIGHTING SYSTEMS, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
129 FAIRFI OLDSMAR,						
Current Mailing Address:			New Mailii	New Mailing Address:		
2730 W. TYVOLA GAIL GORMLY CHARLOTTE, NC 28217 US				2730 W. TYVOLA CHARLOTTE, NC 28217 US		
FEI Number:	59-2341516	FEI Number Applied For ()	FEI Number Not Appli	icable () Certific	ate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
1201 HAYS TALLAHAS	SEE, FL 32301		rpose of changing it	s registered office or	registered agent, or both,	
in the State		•		9	,	
SIGNATUR		0: 1				
Floation Com		Signature of Registered Agen	τ		Date	
		Trust Fund Contribution ().				
OFFICERS Title: Name: Address: City-St-Zip:	P ()D CHALMERS, STE 129 FAIRFIELD S OLDSMAR, FL 3	elete VEN M ITREET	ADDITION Title: Name: Address: City-St-Zip:		FICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP () D ANDOLINO, JOSE 2730 W. TYVOLA CHARLOTTE, NC	RD	Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address: City-St-Zip:	VPT () D LEWIS, HOUGHT 2730 W. TYVOLA CHARLOTTE, NC	RD	Title: Name: Address: City-St-Zip:	DT (X) Change MCAULEY, MICHAEL G 2730 W. TYVOLA RD CHARLOTTE, NC 2821	()Addition	
Title: Name: Address: City-St-Zip:	DVPS () D GEIB, SALLY L 2730 W. TYVOLA CHARLOTTE, NC	RD	Title: Name: Address: City-St-Zip:	DVP (X) Change GEIB, SALLY L 2730 W. TYVOLA RD CHARLOTTE, NC 2821	()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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SALLY L. GEIB DVP 04/04/2008

() Change () Addition