

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G64989

FILED
Mar 10, 2009
Secretary of State

Entity Name: GOODRICH LIGHTING SYSTEMS, INC.

Current Principal Place of Business:

129 FAIRFIELD ST
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

2730 W. TYVOLA
CHARLOTTE, NC 28217 US

New Mailing Address:

FEI Number: 59-2341516 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEPHAM, THOMAS M
Address: 3414 S. 5TH STREET
City-St-Zip: PHOENIX, AZ 85040

Title: VP () Delete
Name: ANDOLINO, JOSEPH F
Address: 2730 W. TYVOLA RD
City-St-Zip: CHARLOTTE, NC 28217

Title: DT () Delete
Name: MCAULEY, MICHAEL G
Address: 2730 W. TYVOLA RD
City-St-Zip: CHARLOTTE, NC 28217

Title: DVP () Delete
Name: GEIB, SALLY L
Address: 2730 W. TYVOLA RD
City-St-Zip: CHARLOTTE, NC 28217

Title: DS () Delete
Name: LICHTENBERGER, VINCENT M
Address: 2730 W. TYVOLA RD
City-St-Zip: CHARLOTTE, NC 28217

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: KUECHLE, SCOTT E
Address: 2730 WEST TYVOLA ROAD
City-St-Zip: CHARLOTTE, NC 28217 US

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: VINCENT M. LICHTENBERGER

DS

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date