

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # M95000000220

1. Entity Name
**GE TRANSPORTATION SYSTEMS GLOBAL SIGNALING,
LLC**



Principal Place of Business

**407 JOHN RODES BLVD
MELBOURNE, FL 32902**

Mailing Address

**P.O BOX 2216
SCHENECTADY, NY 12301-2216**



03212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1768036

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
NEWELL, ANDREW
2712 DILLINGHAM RD
GRAIN VALLEY, MO 64029**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
CAPONECCHI, KEVIN J
2712 S DILLINGHAM RD., P.O. BOX 600
GRAIN VALLEY, MO 64029**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
PAYNE, ROBERT J
2712 DILLINGHAM RD
GRAIN VALLEY, MO 64029**

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**

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05/04/05-80146-014 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *BARBARA A. CAMERON*

BARBARA A. CAMERON

Date

Daytime Phone #