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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01324** **(3)**

1. Corporation Name
~~DATA SWITCH CORPORATION~~
General Signal Networks, Inc.

Principal Place of Business	Mailing Address
ONE ENTERPRISE DRIVE SHELTON CT 06484	135 MT READ BLVD GENERAL SIGNAL TAX DEPT ROCHESTER NY 14611-1921 US

3. Date Incorporated or Qualified: 03/22/1984
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 1 High Ridge Park
22 Suite, Apt. #, etc.
23 Stamford, CT
24 Zip: 06904 25 Country:

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

4. FEI Number: 06-0962862 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COACKLEY, ROBERT		1.2 NAME		
STREET ADDRESS	5 KENDLES RUN RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MOORESTOWN NJ		1.4 CITY-ST-ZIP		
TITLE	CFOS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MORGAN, DONALD W		2.2 NAME		
STREET ADDRESS	574 WILLIS LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	STRAFFORD PA		2.4 CITY-ST-ZIP		
TITLE	VPT	☐ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	THOMAS, E TAYLOR		3.2 NAME		
STREET ADDRESS	HIGH RIDGE PK		3.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		3.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, E KINGSLEY		4.2 NAME		
STREET ADDRESS	HIGH RIDGE PK		4.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CONNOLLY, ROBERT J.		5.2 NAME		
STREET ADDRESS	12 FAIRFIELD RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	OXFORD CT		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FUSARELLI, ANTHONY		6.2 NAME		
STREET ADDRESS	6 CRESENT LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TRUMBULL CT		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] T.E. KINGSLEY, JR. ASSISTANT SECRETARY 4/4/97 203-329-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007131