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FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P20830 (6)
1. Corporation Name
GENERAL SIGNAL TECHNOLOGY CORPORATION

Principal Place of Business

1 HIGH RIDGE PARK
STAMFORD CT 06904
US

Mailing Address

135 MT READ BLVD
TAX DEPT
ROCHESTER NY 14611
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1988

4. FEI Number

04-3006568

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD
NAME BOBER, JOANNE L
STREET ADDRESS 300 E 75TH STREET
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE AS
NAME CUNNANE, THOMAS A.
STREET ADDRESS 68 DORIS DRIVE
CITY-ST-ZIP MONROE CT ☒ DELETE

TITLE V
NAME TAYLOR, THOMAS E
STREET ADDRESS 6 CEDAR ROAD
CITY-ST-ZIP WILTON CT ☒ DELETE

TITLE VT
NAME MORTIMER, TERRY
STREET ADDRESS 39 RAVENWOOD DRIVE
CITY-ST-ZIP WESTON CT ☒ DELETE

TITLE PD
NAME LOCKHART, MICHAEL D
STREET ADDRESS 43 HARBOR DRIVE UNIT 503
CITY-ST-ZIP STAMFORD CT ☐ DELETE

TITLE AS
NAME KINGSLEY, THOMAS E
STREET ADDRESS 33 HIGH VALLEY ROAD
CITY-ST-ZIP RIDGEFIELD CT ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP-T-D
1.2 NAME Terence D. Martin
1.3 STREET ADDRESS 1 High Ridge Park
1.4 CITY-ST-ZIP Stamford CT ☐ Change ☒ Addition

2.1 TITLE ASST. Treal
2.2 NAME James H. Doherty
2.3 STREET ADDRESS 1 High Ridge Park
2.4 CITY-ST-ZIP Stamford CT ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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.

CR2E034 (10/97)