

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P20830

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

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90034 047 ***150.00



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 ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 3301

27 Suite, Apt. #, etc.

28 City & State

Muskegon, MI

29 Zip Country

49443

30 USA

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 VPTD
NAME MARTIN, TERENCE D
STREET ADDRESS 1 HIGH RIDGE PARK
CITY-ST-ZIP STAMFORD CT ☒ DELETE

TITLE AT
NAME DOHERTY, JAMES H
STREET ADDRESS 1 HIGH RIDGE PARK
CITY-ST-ZIP STAMFORD CT ☒ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

President/Director ☐ Change ☒ Addition

Patrick J. O'Leary

700 Terrace Point Dr.

Muskegon, MI 49443

VP/Treasurer/Director ☐ Change ☒ Addition

Arthur R. Cross

700 Terrace Point Dr.

Muskegon, MI 49443

VP/Secretary/Director ☐ Change ☒ Addition

Christopher J. Kearney

700 Terrace Point Dr.

Muskegon, MI 49443

☐ Change ☐ Addition

☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE: Christopher J. Kearney RECHISTERS J. Kearney/Secretary 2/16/99 (616) 7245000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)