

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90072 047 ***150.00

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1. Entity Name

GENERAL INSTRUMENT CORPORATION



Principal Place of Business

**101 TOURNAMENT DRIVE
HORSHAM, PA 19044**

Mailing Address

**1303 E. ALGONQUIN ROAD
SCHAUMBURG, IL 60196**

40088054



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
36-4134221

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MOLONEY, DANIEL M. 101 TOURNAMENT DRIVE HORSHAM, PA 19044 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVONSHIRE, DAVID W. 101 TOURNAMENT DRIVE HORSHAM, PA 19044 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STROBEL, STEVEN J. 101 TOURNAMENT DRIVE HORSHAM, PA 19044 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MACLAUGHLIN, JAMES 101 TOURNAMENT DRIVE HORSHAM, PA 19044 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT NOTARO, STEPHEN J. 101 TOURNAMENT DRIVE HORSHAM, PA 19044 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TRACY, JOHN 101 TOURNAMENT DRIVE HORSHAM, PA 19044 <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOLONEY, DANIEL M. 101 TOURNAMENT DRIVE HORSHAM, PA 19044 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/SVP/CONTROLLER ROTHMAN MARC E. 1303 E. ALGONQUIN ROAD SCHAUMBURG, IL 60196 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/ASST. SEC. RILEY, JANET M. 1303 E. ALGONQUIN ROAD SCHAUMBURG, IL 60196 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BURKE, JOHN 1303 E. ALGONQUIN ROAD SCHAUMBURG, IL 60196 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORP. VP CLIFFORD MARYANN 1303 E. ALGONQUIN ROAD SCHAUMBURG, IL 60196 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SEC. FORSYTE, CAROL 1303 E. ALGONQUIN ROAD SCHAUMBURG, IL 60196 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Janet M. Riley

JANET M. RILEY

ASST. SEC.

04-21-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

847-576-5128