2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # F96000001168

1. Entity Name
GE-PROLEC TRANSFORMERS, INC.

Principal Place of Business	Mailing Address
1223 FAIRGROVE CHURCH RD. CONOVER, NC 28613	P.O. BOX 2216 SCHENECTADY, NY 12301-2216

01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0368254
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PCOB
NAME	ROGERS, JAMES
STREET ADDRESS	1223 FAIRGROVE CHURCH RD
CITY-ST-ZIP	CHICAGO, IL
TITLE	VP
NAME	VASQUEZ, MIGUEL
STREET ADDRESS	BLVD CARLOS SALINAS DE GORTARI (KM 9.25)
CITY-ST-ZIP	APOSACA , NL, MX 66600
TITLE	TD
NAME	SEPULVEDA, JORGE
STREET ADDRESS	BLVD. CARLOS SALINAS DE GORTARI
CITY-ST-ZIP	APODACA, NL, MX 66600
TITLE	S
NAME	TURKO, ROBERT
STREET ADDRESS	BLVD. CARLOS SALINS DE GORTARI
CITY-ST-ZIP	APODACA, MX, 66600
TITLE	VPAT
NAME	BUCHANAN, MARK E
STREET ADDRESS	12 CORPORATE WOODS BLVD
CITY-ST-ZIP	ALBANY, NY 12211
TITLE	VPAT
NAME	CAMERON, BARBARA
STREET ADDRESS	12 CORPORATE WOODS BLVD.
CITY-ST-ZIP	ALBANY, NY 12211

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05/02/07-80041-012 150.00

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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: BA Cameron BARBARA A. CAMERON VP/AT 4/13/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #