2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001168

Entity Name: GE-PROLEC TRANSFORMERS, INC.

FILED Apr 10, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1223 FAIRGROVE CHURCH RD. CONOVER, NC 28613 **Current Mailing Address: New Mailing Address:** P.O. BOX 2216 SCHENECTADY, NY 123012216 FEI Number: 51-0368254 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCOB () Delete () Change () Addition Name: ROGERS, JAMES Name: 1223 FAIRGROVE CHURCH RD Address: Address: City-St-Zip: CHICAGO, IL City-St-Zip: VΡ Title: Title: () Delete () Change () Addition VASQUEZ, MIGUEL Name: Name: BLVD CARLOS SALINAS DE GORTARI (KM 9.25) Address: Address: City-St-Zip: APOSACA, NL, MX 66600 City-St-Zip: Title: Title: TD (X) Delete () Change () Addition SEPULVEDA, JORGE Name: Name: BLVD. CARLOS SALINAS DE GORTARI Address: Address: APODACA, NL, MX 66600 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition TURKO, ROBERT Name: Name: Address: BLVD. CARLOS SALINS DE GORTARI Address: City-St-Zip: APODACA, MX, 66600 City-St-Zip: Title: **VPAT** (X) Delete Title: () Change () Addition BUCHANAN, MARK E Name: Name: 12 CORPORATE WOODS BLVD Address: Address: City-St-Zip: ALBANY, NY 12211 City-St-Zip: Title: **VPAT** () Delete Title: () Change () Addition Name: CAMERON, BARBARA Name: Address: 12 CORPORATE WOODS BLVD. Address: City-St-Zip: City-St-Zip: ALBANY, NY 12211

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES ROGERS PCOD 04/10/2008