

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001168

Entity Name: GE-PROLEC TRANSFORMERS, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

1223 FAIRGROVE CHURCH RD.
CONOVER, NC 28613

New Principal Place of Business:

1223 FAIRGROVE CHURCH RD.
HICKORY, NC 28613 US

Current Mailing Address:

P.O. BOX 2216
SCHENECTADY, NY 123012216

New Mailing Address:

P.O. BOX 2216
SCHENECTADY, NY 123012216 US

FEI Number: 51-0368254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: PCOB () Delete
Name: ROGERS, JAMES
Address: 1223 FAIRGROVE CHURCH RD
City-St-Zip: CHICAGO, IL

Title: VP () Delete
Name: VASQUEZ, MIGUEL
Address: BLVD CARLOS SALINAS DE GORTARI (KM 9.25)
City-St-Zip: APOSACA , NL, MX 66600

Title: S () Delete
Name: TURKO, ROBERT
Address: BLVD. CARLOS SALINS DE GORTARI
City-St-Zip: APODACA, MX, 66600

Title: VPAT (X) Delete
Name: CAMERON, BARBARA
Address: 12 CORPORATE WOODS BLVD.
City-St-Zip: ALBANY, NY 12211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JAMES
Address: 830 W 40TH ST
City-St-Zip: CHICAGO, IL 60609 US

Title: D (X) Change () Addition
Name: ROBERT
Address: BLVD. CARLOS SALINS DE GORTARI
City-St-Zip: APODACA, NA 66600 MX

Title: V (X) Change () Addition
Name: BARBARA
Address: 12 CORPORATE WOODS BLVD
City-St-Zip: ALBANY, NY 12211 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BARBARA CAMERON

V

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date