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

**PROFIT CORPORATION ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name GE QUARTZ, INC.

F97000002966 (6)

Principal Place of Business

Mailing Address

## **FILED** Apr 30 1998 8:00am Secretary of State



4901 CAMPBELL RD WILDUGHBY OH 44094		4901 CAMPBELL RD WILOUGHBY OH 44094					
***********	311 41001	1116000101 011 4104			DO NOT WRITE IN THIS	SPACE	
					3. Date incorporated or Qualified 06/06/1997		
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	App	olied For
21		26 P.O. Box 2216			34-1839929	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	*******
22		27			2. Continuate of States Desired	Fee Rec	Julred
City & State		City & State			6. Election Campaign Financing	\$5.00 (	May Be
23		28Schenectady, NY			Trust Fund Contribution	Added to	Fees
Zip	Country	Ζφ	Countr	,	8. This corporation owes or has paid the cu		1
24	25	29 12301	30	USA	Personal Property Tax due June 30.  10. Name and Address of New Registered		l No
	9. Name and Address of Current	Registered Agent	8.	Name	10. Name and Address of New Registered	Agent	
	CORPORATION SYSTEM	or warne		Ivanie			
	0 80 PINE ISLAND RD			82 Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324		83					
			8	Ί			
			84	City	FI	<b>85</b> Zip C	ode
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 Horida. 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 pented name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	DP	DELETE : 1.1 T			VAT	Change	Addition 2
NAME	PAWL, DAVID L	1.21			Mark Buchanan		
STREET ADDRESS			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	WILOUGHBY OH 44094		1.4 CITY-	ST-ZIP	12 Corporate Woods Blvd. Schenectady, NY 12301-2216		
TITLE	DS .	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	= ,		2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP	EAST CLEVELAND OH 44112		2. 4 CITY	· ST- ZIP			
TITLE	V	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	<b>GLIEBE, MARK</b> J		3.2 NAME				
STREET ADDRESS	4901 CAMPBELL RD 3.3		3.3 STREE	1 ADDRESS			1
CITY-ST-ZIP	WILOUGHBY OH 44094		3.4. CITY	ST-ZIP			
TITLE	סד	DELETE	4.1 TITLE			Change	Addition
NAME	<b>\$</b> AGUE, BRIAN B		4. 2 NAM	•			
STREET ADDRESS	4901 CAMPBELL RD		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	WILOUGHBY OH 44094		4.4 CITY -	ST-ZIP			
TITLE	☐ DELETE 5.11		5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				1
STREET ADDRESS			5.3 STREE	T ADDRESS			1
CITY+ST-ZIP	5.4 C		5.4 CITY	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				1
STREET ADDRESS		6.3		T ADDRESS			-
CITY-ST-ZIP	l		6.4 CITY -				
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 logal effect as if made under oath; that I am 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.							