

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90152 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002966

1. Corporation Name
GE QUARTZ, INC.



Principal Place of Business 4901 CAMPBELL RD WILOUGHBY OH 44094	Mailing Address P.O. BOX 2216 SCHENECTADY NY 12301 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/06/1997	4. FEI Number 34-1839929	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 (May Be Added to Fees)	
8. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SO PINE ISLAND RD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 Florida. 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: _____ (NOT: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAWL, DAVID L	1.2 NAME	HAAS, THOMAS N.
STREET ADDRESS	4901 CAMPBELL RD	1.3 STREET ADDRESS	3010 SPARTANBURG HWY.
CITY-ST-ZIP	WILOUGHBY OH 44094	1.4 CITY-ST-ZIP	HENDERSONVILLE NC 28792
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	VP/AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES, KENNETH	2.2 NAME	MELITA, BARBARA A.
STREET ADDRESS	1975 NOBLE ROAD	2.3 STREET ADDRESS	12 CORPORATE WOODS BLVD.
CITY-ST-ZIP	EAST CLEVELAND OH 44112	2.4 CITY-ST-ZIP	ALBANY NY 12211
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	VP/AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLIEBE, MARK J	3.2 NAME	YANOVER, FRANK
STREET ADDRESS	4901 CAMPBELL RD	3.3 STREET ADDRESS	12 CORPORATE WOODS BLVD.
CITY-ST-ZIP	WILOUGHBY OH 44094	3.4 CITY-ST-ZIP	ALBANY NY 12211
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAGUE, BRIAN B	4.2 NAME	
STREET ADDRESS	4901 CAMPBELL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILOUGHBY OH 44094	4.4 CITY-ST-ZIP	
TITLE	VAT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, MARK	5.2 NAME	
STREET ADDRESS	12 CORPORATE WOODS BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SCHENECTADY NY 12301	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara A. Melita* **BARBARA A. MELITA**
 VP & ASST. TREASURER 4/21/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)