


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90298 010 ***150.00

DOCUMENT # F97000002966 1. Entity Name GE QUARTZ, INC.	
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Principal Place of Business 4901 CAMPBELL RD WILOUGHBY, OH 44094	Mailing Address P.O. BOX 2216 SCHENECTADY, NY 12301 US
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44038990



04052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1839929	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SO PINE ISLAND RD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAWL, DAVID L 4901 CAMPBELL RD WILOUGHBY, OH 44094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATVP YANOVER, FRANK 12 CORPORATE WOODS BLVD. ALBANY, NY 12211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVIS, JEFFREY 4901 CAMPBELL RD WILOUGHBY, OH 44094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARINO, PHILIP J 1975 NOBLE RD, 310 B CLEVELAND, OH 44112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATVP BUCHANAN, MARK 12 CORPORATE WOODS BLVD SCHENECTADY, NY 12301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATVP MELITA, BARBARA A 12 CORPORATE WOODS BLVD ALBANY, NY 12211

DO NOT WRITE IN THIS SPACE

12. 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 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: Barbara A Melita Barbara A Melita 4/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #