

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 02/23/99 PM 5:00 SECRETARY OF STATE	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M96000000242 GEA PARTS, LLC 2377 PALUMBO DRIVE LEXINGTON KY 40509		1a. Principal Place of Business Address 2377 PALUMBO DRIVE LEXINGTON KY 40509			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address PO Box 2216 Suite, Apt. #, etc. City & State Schenectady, NY Zip Country 12301-2216		3. Date Organized or Qualified 07/03/1996 3a. State of Formation DE	
		4. FEI Number 61-1292103		☐ Applied For ☐ Not Applicable	
		5. Date of Last Report 05/04/1998		6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		
Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)			DATE _____		
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGRM	ADVANCED SERVICES, INC	5865 SHELBY OAKS CIRCLE	MEMPHIS TN		
MGRM	GE APPLIANCES,	APPLIANCE PARK 2-226	LOUISVILLE KY		
			100002868411--S -05/07/98--01151--007 ****188.75 ****188.75 		
11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		Barbara Melita VP & Asst. Treasurer		4/21/99	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					