2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -1 PM 4:54

DOCUMENT # M96000000242

1. Entity Name
GEA PARTS, LLC

Principal Place of Business	Mailing Address
2377 PALUMBO DRIVE LEXINGTON, KY 40509	PO BOX 2216 SCHENECTADY, NY 12301

2. Principal Place of Business	3. Mailing Address
1251 PORT ROAD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JEFFERSONVILLE, IN 47130	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 61-1292103 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	MGRM ADVANCED SERVICES, INC 5865 SHELBY OAKS CIRCLE MEMPHIS, TN ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition 000003259950--3 -05/19/00--01106--006 ******50.00 ******50.00
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	MGRM GE APPLIANCES APPLIANCE PARK 2-226 LOUISVILLE, KY [X] Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	[X] Change ☐ Addition MGRM GE SUBSIDIARY 61A, INC. APPLIANCE PARK 2-226 LOUISVILLE, KY
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition

CR2E083 (11/99)

11. 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 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.

SIGNATURE B. A. Melita — VP & ASSISTANT TREASURER, BARBARA A. MELITA — 4/24/00 — (518)433-4308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

STF FL32519F.1