2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# M96000000242

Entity Name: GEA PARTS, LLC

Current Principal Place of Business:

1251 PORT ROAD
JEFFERSONVILLE, IL 47130

New Principal Place of Business:

1251 PORT ROAD
JEFFERSONVILLE, IL 47130 US

Current Mailing Address:

P.O. BOX 2216
SCHENECTADY, NY 123012216

New Mailing Address:

P.O. BOX 2216
SCHENECTADY, NY 123012216 US

FEI Number: 61-1292103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ADVANCED SERVICES, INC.
Address: PO BOX 2216
City-St-Zip: SCHENECTADY, NY 12301

Title: MGR ( ) Delete
Name: CAMERON, BARBARA
Address: 12 CORPORATE WOODS BLVD
City-St-Zip: ALBANY, NY 12211

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ADVANCED SERVICES, INC.
Address: PO BOX 2216
City-St-Zip: SCHENECTADY, NY 123012216 US

Title: MGR (X) Change ( ) Addition
Name: CAMERON, BARBARA A
Address: 12 CORPORATE WOODS BLVD
City-St-Zip: ALBANY, NY 12211 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARBARA A. CAMERON MGRM 04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date