LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000242

1. Entity Name

GEA PARTS, LLC

FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1251 PORT ROAD	PO BOX 2216
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JEFFERSONVILLE, IN	City & State: SCHENECTADY, NY
Zip: 47130 Country: USA	Zip: 12301-2216 Country: USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

City: PLANTATION **FL** Zip Code: 33324

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 _____

Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGER	TITLE	500017838155
NAME	GEA DISTRIBUTION, INC.	NAME	05/01/03--01066--001 **50.00
STREET ADDRESS	3135 EASTON TURNPIKE	STREET ADDRESS	
CITY - ST - ZIP	FAIRFIELD, CT 06431	CITY - ST - ZIP	
TITLE	MANAGER	TITLE	
NAME	ADVANCED SERVICES, INC.	NAME	
STREET ADDRESS	5865 SHELBY OAKS CIRCLE	STREET ADDRESS	
CITY - ST - ZIP	MEMPHIS, TN 38314	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CR2E083B (12/02)

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: J. DAWN MAYHEW 4/22/03 518-433-4431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

STF FL32519F.1