

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002275

1. Entity Name

GE INFORMATION SERVICES, INC.

Principal Place of Business

401 N. WASHINGTON ST.
ROCKVILLE MD 20850
US

Mailing Address

P.O. BOX 2216
SCHENECTADY NY 12301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 52-1865641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME SEEGER, HARVEY F
STREET ADDRESS 401 N WASHINGTON ST.
CITY-ST-ZIP ROCKVILLE MD ☐ Delete

TITLE VP & ASST. TREASURER
NAME BARBARA A. MELITA
STREET ADDRESS 12 CORPORATE WOODS BLVD.
CITY-ST-ZIP ALBANY, NY 12211 ☐ Change ☒ Addition

TITLE V
NAME CHOVIK, BRUCE
STREET ADDRESS 401 N WASHINGTON ST
CITY-ST-ZIP ROCKVILLE MD 20850 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME MACIOCE, JAMES
STREET ADDRESS 401 N WASHINGTON ST
CITY-ST-ZIP ROCKVILLE MD ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME MARTIN, HORACE
STREET ADDRESS 401 N WASHINGTON ST
CITY-ST-ZIP ROCKVILLE MD ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME HUMENICK, MICHAEL
STREET ADDRESS 401 N WASHINGTON ST
CITY-ST-ZIP ROCKVILLE MD 20850 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME SANTIAGO, CLAUDI
STREET ADDRESS 401 N WASHINGTON ST
CITY-ST-ZIP ROCKVILLE MD ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara A. Melita*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARBARA A. MELITA
VP & ASST TREASURER

7/18/00

Date

(518)433-4337

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

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DOCUMENT #

F 440000225 ✓

Attachment
PW74879

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9. This corporation is eligible to satisfy its intangible
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(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00.
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEE ATTACHED LIST <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE

Barbara A. Melita

BARBARA A. MELITA

4/28/00 (518) 433-4337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #