

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91322 042 \*\*\*150.00

**DOCUMENT # 800405**  
1. Entity Name  
GENERAL ELECTRIC COMPANY

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1 RIVER ROAD Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 2216 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State SCHENECTADY, NY	City & State SCHENECTADY, NY	4. FEI Number 14-0689340	Applied For Not Applicable
Zip 12345	Country USA	Zip 12301-2216	Country USA

**DO NOT WRITE  
IN THIS SPACE**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD
City PLANTATION
State FL
Zip Code 33324

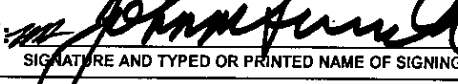
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASH, JAMES I. 30 ROCKEFELLER PLAZA NEW YORK, NY 10112	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C IMMELT, JEFFREY R. 3135 EASTON TURNPIKE FAIRFIELD, CT 06431	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CATHCART, SIALAS S. 222 WISCONSIN AVE, STE 103 LAKE FOREST, IL 60045	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SAMUELS, JOHN M. 3135 EASTON TURNPIKE FAIRFIELD, CT 06431	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAMMERMAN, DENNIS D. 3135 EASTON TURNPIKE FAIRFIELD, CT 06431	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	**ALSO SEE ATTACHED LIST**	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address, with all other title empowered.

SIGNATURE:  JOHN M. SAMUELS, V.P. 4/25/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/01)