
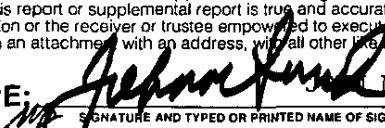


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90495 042 \*\*\*150.00

DOCUMENT # 800405			
1. Entity Name GENERAL ELECTRIC COMPANY			
Principal Place of Business 1 RIVER RD SCHENECTADY NY, 12345 US		Mailing Address P.O. BOX 2216 SCHENECTADY, NY 12301 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASH, JAMES I	NAME	
STREET ADDRESS	30 ROCKEFELLER PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10112	CITY-ST-ZIP	
TITLE	C <input checked="" type="checkbox"/> Delete	TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, JOHN F JR	NAME	JEFFREY R. IMMELT
STREET ADDRESS	3135 EASTON TURNPIKE	STREET ADDRESS	3135 EASTON TURNPIKE
CITY-ST-ZIP	FAIRFIELD, CT	CITY-ST-ZIP	FAIRFIELD CT 06828-0001
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHCART, SILAS S	NAME	SAM NUNN
STREET ADDRESS	222 WISCONSIN AVE STE 103	STREET ADDRESS	191 PEACHTREE STREET
CITY-ST-ZIP	LAKE FOREST, IL 60045	CITY-ST-ZIP	ATLANTA GA 30303
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUELS, JOHN M	NAME	
STREET ADDRESS	3135 EASTON TURNPIKE	STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD, CT	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMMERMAN, DENNIS D	NAME	
STREET ADDRESS	3135 EASTON TURNPIKE	STREET ADDRESS	
CITY-ST-ZIP	FAIR FIELD, CT 06431	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, EUGENE F	NAME	ALAN G. LAFLEY
STREET ADDRESS	3135 EASTON TURNPIKE	STREET ADDRESS	ONE PROCTOR GAMBLE PLAZA
CITY-ST-ZIP	FAIRFIELD, CT 06431	CITY-ST-ZIP	CINCINNATI, OHIO
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		M. SAMUELS V.P.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/12/04	
		Daytime Phone #	