2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #800405



FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 90495 042 ***150.00

Daytime Phone #

1. Entity Nam GENERAL	L ELECTRIC COMPANY									
			1	11.55						
Principal Place of Business Mailing Address							. 4	3		
1 RIVER RD Schenectad	DY NY, 12345 US	P.O. BOX 2216 Schenectady, Ny 12301								
					 			211 313 11 616 11 316		
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062004	Chg-P	CR2E0	34 (10/03)		
City & State		City & State	City & State		4. FEI Numbe	er .	•	Ar	oplied For	
1 2		Zip Country			14-068	9340	-		ot Applicable	
' Zip	Country	Zip Country		,	5. Certificate	of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
	ORATION SYSTEM									
	NÉ ISLAND ROAD ION, FL 33324		Street A	ddress (I	P.O. Box Number	er is Not Acceptable	.le) 		,	
			City				FL	Zip Cod	le	
a. The above	named entity submits this statement for		r register	red agent, or bo	th in the State of F		•			
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					I when reinstating)		DATE			
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR:	S IN 11	
TITLE	D CASH IAMES!	☐ Delete	TITLE					☐ Change	Addition	
NAME Street Address	CASH, JAMES I 30 ROCKEFELLER PLAZA		NAME STREET ADDRESS							
CITY-ST-ZIP	NEW YORK, NY 10112		CITY-ST-ZIP			<u>.</u>				
TITLE	C WEIGH JOHNE IB	X Delete	TITLE	CEF	FREY R.	IMMELT	_	🙀 Change	Addition	
NAME STREET ADDRESS	WELCH, JOHN F JR 3135 EASTON TURNPIKE		NAME STREET ADDRESS	3135	EASTON	TURNPIKE				
CITY-ST-ZIP	FAIRFIELD, CT		CITY-ST-ZIP			06828-00	001			
TITLE	D	□X Detete	TITLE	D				X Change	Addition	
NAME STREET ADDRESS	CATHCART, SILAS S		NAME OTRICET ADDRESO	1	NUNN				ļ	
CITY-ST-ZIP	222 WISCONSIN AVE STE 103 LAKE FOREST, IL 60045		STREET ADDRESS CITY-ST-ZIP	ATLA	REACHTRE	ESTREET				
TITLE	V	☐ Delete	TITLE	 				Change	☐ Addition	
NAME	SAMUELS, JOHN M		NAME CYDEET ADDRESS							
STREET ADDRESS CITY-ST-ZIP	3135 EASTON TURNPIKE FAIRFIELD, CT		STREET ADDRESS CITY-ST-ZIP							
TITLE	D	L. velete	TITLE	+ 	· · · · · · · · · · · · · · · · · · ·			Change	Addition	
NAME	DAMMERMAN, DENNIS D		NAME							
STREET ADDRESS CITY-ST-ZIP	3135 EASTON TURNPIKE		STREET ADDRESS CITY-ST-ZIP	į	M	_ · · - · · · ·				
	FAIR FIELD, CT 06431		TITLE					X Change	Addition	
TITLE NAME	MURPHY, EUGENE F	X Delete	NAME	AT ANT	G. LAFL	EV		23 Change	☐ Addition	
STREET ADDRESS	3135 EASTON TURNPIKE		STREET ADDRESS	1			A 77 A		l	
CITY-ST-ZIP	FAIRFIELD, CT 06431		CITY-ST-ZIP	1		GAMBLE PL				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Horida 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 life empowered.										

SAMUELS V.P.

INTED NAME OF SIGNING OFFICER OR DIRECTOR