


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 800405</b> 1. Entity Name <b>GENERAL ELECTRIC COMPANY</b>	
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Principal Place of Business •1 RIVER RD SCHENECTADY NY, 12345 US	Mailing Address P.O. BOX 2216 SCHENECTADY, NY 12301 US
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03212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>14-0689340</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 (NOTE: Registered Agent signature required when reissuing) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. 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	C IMMELT, JEFFREY R 3135 EASTON TURNPIKE FAIRFIELD, CT 068280001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNN, SAM 191 PEACHTREE STREET ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAMUELS, JOHN M 3135 EASTON TURNPIKE FAIRFIELD, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAMMERMAN, DENNIS D 3135 EASTON TURNPIKE FAIR FIELD, CT 06431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFLEY, ALAN G ONE PROCTOR GAMBLE PLAZA CINCINNATI, OH

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UD00000348930  
05/02/05-80043-021 150.00

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:  **3/24/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #