


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90262 039 \*\*\*150.00

<b>DOCUMENT # F00000002946</b>	
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1. Entity Name  
**GE INFRASTRUCTURE SENSING, INC.**

Principal Place of Business <b>1100 TECHNOLOGY PARK DRIVE BILLERICA, MA 01821 US</b>	Mailing Address <b>12 CORPORATE WOODS BLVD ALBANY, NY 12211</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01042007 Chg-P CR2E034 (12/06)

4. FEI Number <b>04-2452621</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent	
<b>CT CORPORATION SYSTEM</b> <b>1200 S PINE ISLAND RD</b> <b>PLANTATION, FL 33324</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	

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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REDA, CAROLINE</b>	NAME	
STREET ADDRESS	<b>1100 TECHNOLOGY PARK DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BILLERICA, MA 01821</b>	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOFFMAN, KERMIT</b>	NAME	<b>KERMIT-B. HOFFMAN</b>
STREET ADDRESS	<b>808 US HIGHWAY 1</b>	STREET ADDRESS	<b>1100 TECHNOLOGY PARK DR.</b>
CITY-ST-ZIP	<b>EDISON, NJ 08817</b>	CITY-ST-ZIP	<b>BILLERICA, MA 01821</b>
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAROLINE, REDA</b>	NAME	<b>CAROLINE REDA</b>
STREET ADDRESS	<b>4200 WILDWOOD PARKWAY</b>	STREET ADDRESS	<b>4200 WILDWOOD PARKWAY</b>
CITY-ST-ZIP	<b>ATLANTA, GA 30339</b>	CITY-ST-ZIP	<b>ATLANTA, GA 30339</b>
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOFFMAN, KERMIT</b>	NAME	
STREET ADDRESS	<b>1100 TECHNOLOGY PARK DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BILLERICA, MA 01821</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOFFMAN, KERMIT</b>	NAME	<b>KERMIT B. HOFFMAN</b>
STREET ADDRESS	<b>808 US HIGHWAY 1</b>	STREET ADDRESS	<b>1100 TECHNOLOGY PARK DR.</b>
CITY-ST-ZIP	<b>EDISON, NJ 08817</b>	CITY-ST-ZIP	<b>BILLERICA, MA 01821</b>
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALDINI, MATTHEW</b>	NAME	
STREET ADDRESS	<b>41 WOODFORD AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PLAINVILLE, CT 06062</b>	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **BARBARA A. CAMERON** **4/17/07** **(518) 433-4337**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #