

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002407

Entity Name: GE GENERATORS (PENSACOLA), L.L.C.

Current Principal Place of Business:

8301 SCENIC HIGHWAY
PENSACOLA, FL 32514

Current Mailing Address:

901 MAIN AVENUE
NORWALK, CT 06851 US

FEI Number: 47-5630679

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title PRESIDENT
Name MCCABE, PETER
Address 500 WEST MONROE STREET
City-State-Zip: CHICAGO IL 60661-3671

Title VP, ASST. SECRETARY
Name VRON, VICTORIA
Address 901 MAIN AVENUE
City-State-Zip: NORWALK CT 06851

Title VP
Name SWIFT, STEPHEN
Address 1 RIVER ROAD
City-State-Zip: SCHENECTADY NY 12345-6000

Title VP
Name FLAHERTY, THOMAS
Address 1 RIVER ROAD
City-State-Zip: SCHENECTADY NY 12345-6000

Title VP, TREASURER
Name ANAND, VIKAS
Address 901 MAIN AVENUE
City-State-Zip: NORWALK CT 06851

Title VP, SECRETARY
Name GRACE, MARIA
Address 1 RIVER ROAD
City-State-Zip: SCHENECTADY NY 12345-6000

Title VP, ASST. TREASURER
Name LOBO, ROGER
Address 1 RIVER ROAD
City-State-Zip: SCHENECTADY NY 12345-6000

Title ASST. TREASURER, ASST.
SECRETARY
Name CHASE, BENJAMIN
Address 1 RIVER ROAD
City-State-Zip: SCHENECTADY NY 12345-6000

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VICTORIA VRON

ASSISTANT SECRETARY 04/19/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date