

**2020 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 32514-7810**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            ANAND, VIKAS  
Address        1 RIVER ROAD  
City-State-Zip: SCHENECTADY NY 12345

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            TREASURER  
Name            LOW-TUFO, SETH  
Address        1 RIVER ROAD  
City-State-Zip: SCHENECTADY NY 12345

Title            ASSISTANT SECRETARY  
Name            TAYLOR, JACQUELINE  
Address        901 MAIN AVENUE  
City-State-Zip: NORWALK CT 06851

*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:** JACQUELINE TAYLOR**ASSISTANT SECRETARY    04/28/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date