

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004590

Entity Name: GE AVIATION SYSTEMS LLC**Current Principal Place of Business:**3290 PATTERSON AVE. SE
GRAND RAPIDS, MI 49512**Current Mailing Address:**191 ROSA PARKS ST
12W-02-12
CINCINNATI, OH 45202 US**FEI Number:** 38-2733944**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 ASST. SECRETARY
Name MAX, KIRSTEN
Address 191 ROSA PARKS ST
12W-02-12
City-State-Zip: CINCINNATI OH 45202

Title MANAGER
Name BURNS, MATTHEW
Address 1 NEUMANN WAY
City-State-Zip: CINCINNATI OH 45215

Title MANAGER
Name RAVENHALL, KIMBERLY
Address 30 MERCHANT ST
City-State-Zip: CINCINNATI OH 45246

Title MANAGER
Name MOTTIER, BRADLEY D
Address 30 MERCHANT ST.
City-State-Zip: CINCINNATI OH 45246

Title MANAGER
Name CASLAVKA, ALAN
Address 30 MERCHANT ST
City-State-Zip: CINCINNATI OH 45246

Title SECRETARY
Name VRON, VICTORIA
Address 901 MAIN AVE., THE TOWERS
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: KIRSTEN MAX**ASSISTANT SECRETARY** 04/28/2020_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date