

**2019 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** 04/16/2019\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date