

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 800405

Entity Name: GENERAL ELECTRIC COMPANY**Current Principal Place of Business:**5 NECCO STREET
BOSTON, MA 02210**Current Mailing Address:**C/O KIRSTEN M. MAX
191 ROSA PARKS ST. FL5
CINCINNATI, OH 45202 US**FEI Number:** 14-0689340**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. 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:** SALVINA ALMENTA-GRAY

04/29/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** CEO, CHAIRMAN, DIRECTOR**Name** CULP, H. LAWRENCE JR.**Address** 5 NECCO STREET**City-State-Zip:** BOSTON MA 02210**Title** TREASURER**Name** VANBELLE, JENNIFER C**Address** 901 MAIN AVE**City-State-Zip:** NORWALK CT 06851**Title** SECRETARY**Name** HOLSTON, MICHAEL**Address** 5 NECCO STREET**City-State-Zip:** BOSTON MA 02210**Title** CFO**Name** DYBECK HAPPE, CAROLINA**Address** 5 NECCO STREET**City-State-Zip:** BOSTON MA 02210**Title** DIRECTOR**Name** D'SOUZA, FRANCISCO**Address** 500 FRANK W BURR BLVD.**City-State-Zip:** TEANECK NJ 07666**Title** DIRECTOR**Name** BAZIN, SEBASTIEN M**Address** 82 RUE HENRI FARMNA
CS 20077**City-State-Zip:** ISSY-LES-MOULINEAUX 92445**Title** DIRECTOR**Name** LAVIZZO-MOUREY, RISA**Address** 50 COLLEGE ROAD EAST**City-State-Zip:** PRINCETON NJ 08540-6614**Title** DIRECTOR**Name** GARDEN, EDWARD P.**Address** 5 NECCO STREET**City-State-Zip:** BOSTON MA 02210**Continues on page 2**

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: VICTORIA VRON**ATTESTING SECRETARY** 04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HORTON, THOMAS W
Address 5 NECCO STREET
City-State-Zip: BOSTON MA 02210

Title DIRECTOR
Name ROSPUT REYNOLDS, PAULA
Address 5 NECCO STREET
City-State-Zip: BOSTON MA 02210

Title OTHER
Name VRON, VICTORIA
Address 901 MAIN AVE
City-State-Zip: NORWALK CT 06851

Title DIRECTOR
Name ANGEL, STEPHEN F.
Address 5 NECCO STREET
City-State-Zip: BOSTON MA 02210

Title DIRECTOR
Name MIHALJEVIC, TOM
Address CLEVELAND CLINIC MAIN CAMPUS
9500 EUCLID AVE.
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR
Name SEIDMAN, LESLIE F.
Address 5 NECCO STREET
City-State-Zip: BOSTON MA 02210

Title DIRECTOR
Name LESJAK, CATHERINE
Address 5 NECCO STREET
City-State-Zip: BOSTON MA 02210

Title DIRECTOR
Name CARTER, ASHTON
Address HARVARD KENNEDY SCHOOL
79 JOHN F. KENNEDY ST.
City-State-Zip: CAMBRIDGE MA 01238

Title DIRECTOR
Name GOREN, ISABELLA D.
Address 5 NECCO STREET
City-State-Zip: BOSTON MA 02210