

**2021 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.12TH FLOOR  
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

04/23/2021

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 TISCH, JAMES S

Address 667 MADISON AVENUE

City-State-Zip: NEW YORK NY 10065

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

**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** 04/23/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GARDEN, EDWARD P.  
Address 5 NECCO STREET  
City-State-Zip: BOSTON MA 02210

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 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