

2020 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:**901 MAIN AVE
C.O KRYSTINA HAMILTON
NORWALK, CT 06851 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

01/14/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, CHAIRMAN
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 VP
Name ABATE, VICTOR R
Address 1 RESEARCH CIRCLE
City-State-Zip: NISKAYUNA NY 12309

Title SECRETARY
Name HOLSTON, MICHAEL
Address 5 NECCO STREET
City-State-Zip: BOSTON MA 02210

Title CFO
Name MILLER, JAMIE
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

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**AUTHORIZED SIGNATOR** 01/14/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LAVIZZO-MOUREY, RISA
Address 50 COLLEGE ROAD EAST
City-State-Zip: PRINCETON NJ 08540-6614

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 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