

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 831462

FILED
Jul 14, 2009
Secretary of State**Entity Name:** GE MOBILE WATER, INC.**Current Principal Place of Business:**4545 PATENT ROAD
NORFOLK, VA 23502**New Principal Place of Business:****Current Mailing Address:**PO BOX 2216
SCHENECTADY, NY 123012216**New Mailing Address:****FEI Number:** 54-0947592**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**

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**OFFICERS AND DIRECTORS:**

Title: D () Delete
Name: KEY, GLYNN
Address: 4200 WILDWOOD PARKWAY
City-St-Zip: ATLANTA, GA 30339

Title: P () Delete
Name: MARKHOFF, HEINER
Address: 4636 SOMERTON ROAD
City-St-Zip: TREVOSE, PA 19053

Title: V () Delete
Name: CAMERON, BARBARA
Address: 12 CORPORATE WOODS BLVD
City-St-Zip: ALBANY, NY 12211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA A CAMERON

V

07/14/2009

Electronic Signature of Signing Officer or Director_____
Date