DOCUMENT # 844756

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State -**DIVISION OF CORPORATIONS** 

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90018 026 \*\*\*150.00

GE AMERICAN COMMUNICA	ATIONS, INC.	
Principal Place of Business	Mailing Address	5 1001-01 10111 01011 01011 10001 41110 0111 01011 01011 01011 01011 01011
260 LONG RIDGE RD.	260 LONG RIDGE RD.	

260 LONG RIDGE RD. STAMFORD CT 06927 US		ATTN. JOSEPHINE MILLER STAMFORD CT 06927 US			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed			
						12/05/1979		
2. Principal Plac	ce of Business	2a. Mailing Addres	SS			4. FEI Number	L	Applied For
21		26				13-2849985		Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, e	etc.			5. Certificate of Status Desired	,	. <b>75</b> Additional ee Required
City & State	-	City & State				6. Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax.	☐ Ye	
24	9. Name and Address of Curr					10. Name and Address of New Registers	d Agent	
CT CO	DRPORATION SYSTEM			81	Name			_
	S. PINE ISLAND ROAD		ļ	82	Street Address	s (P.O. Box Number is Not Acceptable)		
PLANT	TATION FL 33324			83				
				84	City	F	L 85	Zip Code
office or reg agent. I am	the provisions of Sections 607.0 jistered agent, or both, in the Sta familiar with, and accept the obli	te of Florida. Such change	e was authorized	by 1	the corporation:	ation submits this statement for the purpose s board of directors. I hereby accept the ap	of changi pointment	ng its registered as registered
CICALATURE								

ago	in terminal triang and accept the congression							
SIGNATURE		Who if applicable (NOTE: E	Particlered Agent ciggotule	equired when reinstating)	DATE			
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: I			Registered Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	CPD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition		
NAME	CONNELLY, JOHN F		1.2 NAME					
STREET ADORESS	4 REASEARCH WAY		1.3 STREET ADDRESS					
CITY-ST-ZIP	PRINCETON NJ		1.4 CITY-ST-ZIP					
TITLE	VP	☐ DELETE	2.1 TITLE		Change	☐ Addition		
NAME	DI MARCO, JOHN C		2.2 NAME					
STREET ADDRESS	12 ACADIA DR		2.3 STREET ADDRESS					
CITY-ST-ZIP	VOORHEES NJ		2. 4 CITY-ST-ZIP					
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition		
NAME (	BRAUN, WALTER B		. 3.2 NAME					
STREET ADDRESS	10 LANDING LANE, APT 3K		3.3 STREET ADDRESS					
CITY-ST-ZIP	NEW_BRUNSWICK NJ		3.4. CITY-ST-ZIP			<u>-</u> -		
TITLE	VS	☐ DELETE	4.1 TITLE		Change	Addition		
NAME	otero, Philip V		4. 2 NAME					
STREET ADDRESS	251 BAYARD LANE		4.3 STREET ADDRESS					
CITY-ST-ZIP	PRINCETON NJ		4.4 CITY-ST-ZIP			<b>5</b> 4 1 001		
TITLE	AT	ELETE	5.1 TITLE	The America	☐ Change	Addition		
NAME	SCHULMAN, GARY J	•	5.2 NAME	John America	Ico Rd			
STREET ADDRESS	260 LONG RIDGE RD		53 STREET ADDRESS	John Amato Long Ric Stamford, CT	9-1907			
CITY-ST-ZIP	STAMFORD CT 06927		5.4 CITY-ST-ZIP	Stamford, CI	06701			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP			_		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. 203-357-4544

SIGNATURE:

CR2E034 (11/98)