

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 849189

1. Corporation Name

GENERAL ELECTRIC ENVIRONMENTAL SERVICES, INC.

Principal Place of Business

200 N 7TH ST
LEBANON PA 17046
US

Mailing Address

P.O. BOX 2216
SCHENECTADY NY 12301-2216
US

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90282 046 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1981

4. FEI Number

23-2165711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE
NAME **SINGLE, DAVID A.**
STREET ADDRESS **200 NORTH SEVENTH ST**
CITY-ST-ZIP **LEBANON, PA 00000**

TITLE **DV** ☐ DELETE
NAME **EMMONS, DAVID H**
STREET ADDRESS **200 N SEVENTH ST**
CITY-ST-ZIP **LEBANON PA**

TITLE **DP** ☐ DELETE
NAME **OLSON, DAVID G**
STREET ADDRESS **200 NORTH SEVENTH ST**
CITY-ST-ZIP **LEBANON PA**

TITLE **V** ☐ DELETE
NAME **JAMES, ALAN M**
STREET ADDRESS **200 N SEVENTH ST**
CITY-ST-ZIP **LEBANON PA**

TITLE **AS** ☐ DELETE
NAME **BECKER, NANCY K**
STREET ADDRESS **200 NORTH SEVENTH ST**
CITY-ST-ZIP **LEBANON, PA 00000**

TITLE **VAT** ☐ DELETE
NAME **BUCHANAN, MARK E**
STREET ADDRESS **12 CORPORATE WOODS BLVD**
CITY-ST-ZIP **ALBANY NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

LEBANON, PA 17046

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

LEBANON, PA 17046

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

LEBANON, PA 17046

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

LEBANON, PA 17046

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

LEBANON, PA 17046

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ALBANY, NY 12211

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.

SIGNATURE

Barbara A. Melita

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA A. MELITA

VP & ASST TREAS

4/27/99

(518)433-4337

Date

Daytime Phone #

CR2E034 (1/98)