

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90298 007 \*\*\*150.00

**DOCUMENT # 849189**

1. Entity Name  
**GENERAL ELECTRIC ENVIRONMENTAL SERVICES, INC.**



Principal Place of Business  
**253 N 4TH STREET  
LEBANON, PA 17042 US**

Mailing Address  
**P.O. BOX 2216  
SCHENECTADY, NY 12301-2216 US**

**44038993**



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**23-2165711**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	SINGLE, DAVID A.
STREET ADDRESS	253 N 4TH STREET
CITY-ST-ZIP	LEBANON, PA 17042
TITLE	DV
NAME	EMMONS, DAVID H
STREET ADDRESS	253 N 4TH STREET
CITY-ST-ZIP	LEBANON, PA 17042
TITLE	DP
NAME	OLSON, DAVID G
STREET ADDRESS	253 N 4TH STREET
CITY-ST-ZIP	LEBANON, PA 17042
TITLE	V
NAME	JAMES, ALAN M
STREET ADDRESS	253 N 4TH STREET
CITY-ST-ZIP	LEBANON, PA 17042
TITLE	AS
NAME	BECKER, NANCY K
STREET ADDRESS	253 N 4TH STREET
CITY-ST-ZIP	LEBANON, PA 17042
TITLE	VAT
NAME	BUCHANAN, MARK E
STREET ADDRESS	12 CORPORATE WOOD BLVD
CITY-ST-ZIP	ALBANY, NY 12211

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara A Melita* **Barbara A Melita**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #