

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849189

FILED
Apr 10, 2008
Secretary of State

Entity Name: GENERAL ELECTRIC ENVIRONMENTAL SERVICES, INC.

Current Principal Place of Business:

253 N 4TH STREET
LEBANON, PA 17042 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2216
SCHENECTADY, NY 123012216 US

New Mailing Address:

FEI Number: 23-2165711 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SINGLE, DAVID A.,
Address: 253 N 4TH STREET
City-St-Zip: LEBANON, PA 17042

Title: DV () Delete
Name: EMMONS, DAVID H
Address: 253 N 4TH STREET
City-St-Zip: LEBANON, PA 17042

Title: DP () Delete
Name: OLSON, DAVID G
Address: 253 N 4TH STREET
City-St-Zip: LEBANON, PA 17042

Title: V (X) Delete
Name: JAMES, ALAN M
Address: 253 N 4TH STREET
City-St-Zip: LEBANON, PA 17042

Title: AS (X) Delete
Name: BECKER, NANCY K
Address: 253 N 4TH STREET
City-St-Zip: LEBANON, PA 17042

Title: VAT (X) Delete
Name: BUCHANAN, MARK E
Address: 12 CORPORATE WOOD BLVD
City-St-Zip: ALBANY, NY 12211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: CAMERON, BARBARA
Address: 12 CORPORATE WOOD BLVD
City-St-Zip: ALBANY, NY 12211

Title: D (X) Change () Addition
Name: EMMONS, DAVID H
Address: 253 N 4TH STREET
City-St-Zip: LEBANON, PA 17042

Title: P (X) Change () Addition
Name: OLSON, DAVID G
Address: 253 N 4TH STREET
City-St-Zip: LEBANON, PA 17042

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: DAVID OLSON

Electronic Signature of Signing Officer or Director

P

04/10/2008

_____ Date