

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000001028

1. Entity Name

GE ZENITH CONTROLS, INC.



Principal Place of Business

830 W 40TH ST.
CHICAGO, IL 60609

Mailing Address

PO BOX 2216
SUITE 300
SCHENECTADY, NY 12301



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number

36-4335357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

3. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP
NAME ROGERS, JAMES R
STREET ADDRESS 6901 ELMWOOD AVENUE
CITY-ST-ZIP PHILADELPHIA, PA 19142

TITLE VD
NAME SEFTICK, RONALD
STREET ADDRESS 830 W. 40TH STREET
CITY-ST-ZIP CHICAGO, IL 60609

TITLE DS
NAME BRUDZ, JOHN J
STREET ADDRESS 41 WOODFORD AVE.
CITY-ST-ZIP PLAINVILLE, CT 06062

TITLE TD
NAME CHADBOURNE, JAMES S
STREET ADDRESS 41 WOODFORD AVE.
CITY-ST-ZIP PLAINVILLE, CT 06062

TITLE VPAT
NAME BOOTH, WILLIAM W
STREET ADDRESS 12 CORPORATE WOODS BLVD.
CITY-ST-ZIP ALBANY, NY 12211

TITLE ATVP
NAME CAMERON, BARBARA A
STREET ADDRESS 12 CORPORATE WOODS BLVD.
CITY-ST-ZIP ALBANY, NY 12211

000000556725
05/17/06-80021-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. Cameron

BARBARA A. CAMERON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/06

518-433-4337

Daytime Phone #