

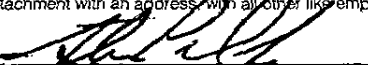


FILED
Mar 06, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F00000001312		
1. Entity Name GE SEALANTS & ADHESIVES, INC.		
Principal Place of Business 4041 N. SANTA FE AVENUE OKLAHOMA CITY, OK 73118	Mailing Address 4041 N. SANTA FE AVENUE OKLAHOMA CITY, OK 73118	 01172006 No Chg-P CR2E034 (11/05) 4. FEI Number 73-0334870 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2607		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILLIAMS, SHAWN D 260 HUDSON RIVER ROAD WATERFORD, NY 12188	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DELARGE, STEVEN P 260 HUDSON RIVER RD WATERFORD, NY 12188	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DELARGE, STEVEN P 260 HUDSON RIVER ROAD WATERFORD, NY 12188	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEWETT, WAYNE M 260 HUDSON RIVER RD WATERFORD, NY 12188	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNS, DOUGLAS A 260 HUDSON RIVER ROAD WATERFORD, NY 12188	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  Steven P. Delarge, Secretary 2/24/06 518-233-2215 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		