2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006723

Entity Name: GE ENGINE SERVICES, INC.

FILED Apr 15, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1 NEUMAN CINCINNA	I WAY TI, OH 45215					
Current Mailing Address:			New Mailii	New Mailing Address:		
12 CORPO SUITE 300 ALBANY, N	RATE WOOD: IY 12211	S BLVD				
FEI Number: 31-1466360 FEI Number Applied For () FEI Number		FEI Number Not Appli	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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:						
	Electroni	c Signature of Registered Agent			Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	MOTTIER, BRAI 7575 BAYMEAD JACKSONVILLE	OWS WAY , FL 32256 Delete VILLIAM A NY	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	MOTTIER, BRADLE 7575 BAYMEADOV JACKSONVILLE, F	VS WAY L 32256 ange () Addition LIAM A	
Title: Name: Address: City-St-Zip:	CAMERON, BAR	E WOODS BLVD.	Title: Name: Address: City-St-Zip:	VP (X) Ch CAMERON, BARBA 12 CORPORATE W ALBANY, NY 1221	OODS BLVD.	
Title: Name: Address: City-St-Zip:	VCFO () DZIEDZIC, JOSI 9930 KINCEY A' HUNTERSVILLE	V E	Title: Name: Address: City-St-Zip:	D (X) Ch DZIEDZIC, JOSEPI 9930 KINCEY AVE HUNTERSVILLE, N		
Title: Name: Address: City-St-Zip:	VPS (X) HENDERSON, S 1 NEUMANN WA CINCINNATI, OF	ΥY	Title: Name: Address: City-St-Zip:	()Ch	ange()Addition	
Title: Name: Address: City-St-Zip:	VPAT (X) ZALUCKI, ROBE 1 NEUMANN WA CINCINNATI, OF	ΛΥ	Title: Name: Address: City-St-Zip:	() Ch	ange()Addition	

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: BARBARA CAMERON VP 04/15/2008