
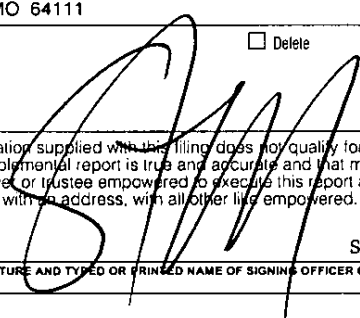


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP -7 AM 8:39

DOCUMENT # F05000000359 1. Entity Name GENERAL ELEVATOR SALES AND SERVICE, INC.					
Principal Place of Business 767 FIFTH AVENUE, 48TH FLOOR NEW YORK, NY 10153			Mailing Address 767 FIFTH AVENUE, 48TH FLOOR NEW YORK, NY 10153		
2. Principal Place of Business 10801 Satellite Blvd.		3. Mailing Address 10801 Satellite Blvd.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Orlando, Florida		City & State Orlando, Florida		4. FEI Number 20-2104070	
Zip 32837		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BLOUNT, W. FRANK 1040 STOVALL AVE NE8TH FLOOR ATLANTA, GA 30319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BUTLER, DAVID M 767 FIFTH AVENUE, 48TH FLOOR NEW YORK, NY 10153	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINN, THOMAS H 1751 LAKE COOK ROAD, SUITE 550 DEERFIELD, IL 60015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, JOHN W II 875 N. MICHIGAN AVENUE, SUITE 4020 CHICAGO, IL 60611	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FISHER, G. ROBERT 4520 MAIN STREET, SUITE 1100 KANSAS CITY, MO 64111	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/CEO Blount, W. Frank 1040 Stovall Ave NE 8th Floor Atlanta, GA 30319				
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Michael D. Cavinder 10801 Satellite Blvd. Orlando, FL 32837				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/AS Gordon L. Nelson, Jr. 875 N. Michigan Avenue, Suite 4020 Chicago, IL 60611				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Steven L. Rist 4520 Main Street, Suite 1100 Kansas City, MO 64111				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000079733730 09/12/06--01068--018 **61.25				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 lists empowered.					
SIGNATURE: 		Steven L. Rist 9-5-06 816-460-2400			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	