## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000000359

Entity Name: GENERAL ELEVATOR SALES AND SERVICE, INC.

FILED Feb 26, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
10801 SATELLITE BLVD ORLANDO, FL 32837					
Current Mailing Address:			New Mailir	New Mailing Address:	
10801 SATELLITE BLVD ORLANDO, FL 32837					
FEI Number: 20-2104070 FEI Number Applied For ( ) FEI Num			nber Not Appli	cable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: 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:					
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	QUINN, THOMAS	K ROAD, SUITE 550	Title: Name: Address: City-St-Zip:	DC (X) Change ( ) Addition QUINN, THOMAS H 1751 LAKE COOK ROAD, SUITE 550 DEERFIELD, IL 60015	
Title: Name: Address: City-St-Zip:	BUTLER, DAVID	UE, 48TH FLOOR	Title: Name: Address: City-St-Zip:	DVC (X) Change ( ) Addition BUTLER, DAVID M 767 FIFTH AVENUE, 48TH FLOOR NEW YORK, NY 10153	
Title: Name: Address: City-St-Zip:	QUINN, THOMAS	K ROAD, SUITE 550	Title: Name: Address: City-St-Zip:	DCEO (X) Change ( ) Addition O'DONNELL, STEPHEN A 12005 EAST 45TH AVENUE DENVER, CO 80239	
Title: Name: Address: City-St-Zip:	JORDAN, JOHN	NAVENUE, SUITE 4020	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	AS () EFISHER, G. ROB 4520 MAIN STRE KANSAS CITY, M	ET, SUITE 1100	Title: Name: Address: City-St-Zip:	AS (X) Change ( ) Addition RIST, STEVEN L 4520 MAIN STREET, SUITE 1100 KANSAS CITY, MO 64111	
Title: Name: Address: City-St-Zip:	P () [ CAVINDER, MICH 10801 SATELLIT ORI ANDO FL 3	E BLVD	Title: Name: Address: City-St-Zip:	( ) Change ( ) 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: STEVEN L. RIST AS 02/26/2009