## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F96000001258

Entity Name: GE BUSINESS PRODUCTIVITY SOLUTIONS, INC.

FILED Mar 11, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
6540 POWERS FERRY ROAD ATLANTA, GA 30339					
Current Mailing Address:			New Mailing Address:		
6540 POWE ATLANTA, (	ERS FERRY R GA 30339	OAD			
FEI Number:	58-2222857	FEI Number Applied For ( ) FEI Num	nber Not Appli	cable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and	Address of N	ew 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					
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).  Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:		Delete	Title:		Change ( ) Addition
Name: Address: City-St-Zip:	HADDAD, GREG 6540 POWERS ATLANTA, GA 3	ERS FERRY ROAD Address: 6540 POWERS FERRY RO		FERRY ROAD	
Title: Name: Address: City-St-Zip:	VD () O'NEILL, DAVID 6540 POWERS ATLANTA, GA 3	FERRY ROAD	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition
Title: Name: Address: City-St-Zip:	VT () MACHOLL, BAR 6540 POWERS ATLANTA, GA 3	FERRY ROAD	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition
Title: Name: Address: City-St-Zip:	AS () GIFFORD, MERI 6540 POWERS ATLANTA, GA 3	FERRY ROAD	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition
Title: Name: Address: City-St-Zip:	SVPS () ALLUMS, VICTO 6540 POWERS ATLANTA, GA 3	FERRY ROAD	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	V () DRASKOVIC, M 6540 POWERS ATLANTA, GA 3	FERRY ROAD

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MEREDITH H. GIFFORD AS 03/11/2002