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equestor's Name 660 East Jeffers	on Street	9000019715 9070796-01033-01 #####70.00 ******70
idress Tallahassee, Flo	orida 32301	米米米米↑□。□□ ******1□
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W.P. Verifier

CR2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	GE SERVICE MANAGEMENT, 1					
	(Name of corporation: must inclu- words or abbreviations of like im-	oort in language s	n will clearly indicate	a that it is a cor	PORATION IN	N" or natead
	of a natural person or partnership	if not so contains	id in the name at pr	esent.)		
2.	ILLINOIS		•	3. 61~13104	09	
	(State or country under the law o	f which it is incor	porated)	3. 61-13104	er, if appl	icable)
4.	JUNE 25, 1996	5. PERPETUAL	•			
	(Date of Incorporation)	(Duration: Y	ear corp. will cause	to exist or "per	petual")	
6.	WILL NOT TRANSACT BUSINE	SS UNTIL APPL	CATION IS FILED	1		
	(Date first transacted business in	Florida. (See sec	tions 607.1501, 60	7.1502 and 817	7.156, F.S	S.))
7.	APPLIANCE PARK, AP2-226					
	•					
	LOUISVILLE, KY 40225	mailing address)			왕 왕	
_				i. A	6007	
8.	(Purpose(s) of corporation author	red in home serve				
	Florida)	von in includ State	or country to be ca	ř	i 🛶	
9.	Name and street address of Fl	ntida registered :	agent:		G ⊋	
Ψ.		_		95	S IA	
	Name: <u>C 1</u>	CORPORATION	LSYSTEM	ii A	32 ATE	
	Office Address: _c/c	C T Corporation	Svstem, 1200 S	outh Pine Islan	d Road	
	<u>Pia</u>	ntation	, Florida, <u>333</u>	24		
	•		(Zip C	iode)		
10	. Registered agent acceptance:					,
coi reg ali	ving been named as registered rporation at the place designa fistered agent and agree to act i statutes relative to the proper to d accept the obligations of my p	ted in this appl n this capacity. and complete pe	ication. I hereby I further agree to d rformance of my d	accept the appoint the comply with the	ppointme a provisio	ent es
		C T CORPORAT	ON SYSTEM			
	1	nnie Bura				
			ignature) (Officer)			
	SIP	enal assistant	SECRETARY			

(Type Name and Title of Officer)

O

11. Attached is a certificate of	existence duly authenticated, no	t more than 90 days prior to
dolivory of this application to the	Department of State, by the Secri	etery of State or other official
having quatody of corporate reco	rds in the jurisdiction under the las	w of which it is incorporated.

12. Nan-s and addresses of officers and/or directors:

Λ	D١	R	E	•	rc	C
	_,	п	-	_		-

	Chairman:	NONE	'
	Address: _		
	- Vice Chairr	nan: NONE	
	Address: _		
	Disease	JILL PERRIN	JALI
			>× 8
	Address: _	APPLIANCE PARK, AP6-218 LOUISVILLE, KY 40225	ASSEE
	Director:	PETER E. REINERT	
		APPLIANCE PARK, AP2-226	32 RIDA
	_	LOUISVILLE KY 40225	
3. (OFFICERS		
	President:	JILL PERRIN	,
		APPLIANCE PARK, AP6-218	
	-	LOUISVILLE, KY 40225	
	Vice Presid	ent:	
	Address:		The state of the s
	Secretary:	PETER E. REINERT	
	Address: _	APPLIANCE PARK, AP2-226	
	-	LOUISVILLE, KY 40225	

	Tressurer:			1.1	
, ,	Address:	•			
				' ;	
NOTE: If and/or dir.	necessary, you mectors.	dener be	endum to the	application listin	ng additional officera
(Signat	ure of Chairman, Vi	e Chairman, or any	officer Heted in	number 12 of the	application)
14. <u>P</u> E					

FILED
96 OCT 11 PH 1: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File Number 5892-844-5



To all to whom tipese presents Shall Come. Greeting:

I, George H. Ryan, Secretary of State of the State of Illinois,



In Cestimony Mh	errof. I herola sel
my hand and cause to be a	ffixed the Great Seal of
the State of Illinois this	9TH
day of OCTOBER	A.D., 19 <u>96</u>

George H Ryan
SECRETARY OF STATE