

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90049 024 ***150.00

DOCUMENT # F96000005291

1. Entity Name

GE SERVICE MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
APPLIANCE PARK

3. Mailing Address
P.O. BOX 2216

Suite, Apt. #, etc.
AP2-226

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LOUISVILLE, KY

City & State
SCHENECTADY, NY

4. FEI Number
61-1310409

Applied For
Not Applicable

Zip Country
40225 USA

Zip Country
12301-2216 USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

City Zip Code
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SEE ATTACHED LIST

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara A. Melita*

BARBARA A. MELITA

4/18/02

518-433-4337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP & AT

Date

Daytime Phone #

2001 Officers Business and Residential Addresses

LEGAL_ENT D18052 LEGAL_ENTITY_NAME GE Service Management, Inc.

NAME	ROLE DESCRIPTION	BUSINESS ADDRESS
Barbara A. Melita	Assistant Treasurer	12 Corporate Woods Boulevard Albany NY 12211 US
Barbara A. Melita	Vice President	12 Corporate Woods Boulevard Albany NY 12211 US
Don Olson	President	821 Mt. Tabor Road New Albany IN 47150 US
Frank Yanover	Assistant Treasurer	12 Corporate Woods Blvd. Albany NY 12211
Frank Yanover	Vice President	12 Corporate Woods Blvd. Albany NY 12211
Mark E. Buchanan	Assistant Treasurer	12 Corporate Woods Boulevard Albany NY 12211 US
Mark E. Buchanan	Vice President	12 Corporate Woods Boulevard Albany NY 12211 US
Matthew M. Clark	Secretary	Appliance Park AP6-225 Louisville KY US
Russell A. Evans	Treasurer	Appliance Park AP6-229 Louisville KY 40225 US

Attachment

DOL# F96000005291/644647