


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90298 015 ***150.00

DOCUMENT # F96000005291 1. Entity Name GE SERVICE MANAGEMENT, INC.	
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Principal Place of Business APPLIANCE PARK, AP2-226 AP2-226 LOUISVILLE, KY 40225	Mailing Address P.O. BOX 2216 SCHENECTADY, NY 12301
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04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1310409	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$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	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLSON, DON 821 MT. TABOR ROAD NEW ALBANY, IN 47150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT BUCHANAN, MARK E 12 CORPORATE WOODS BLVD ALBANY, NY 12211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT YANOVER, FRANK 12 CORPORATE WOODS BLVD ALBANY, NY 12211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVANS, RUSSELL A APPLIANCE PARK AP6-229 LOUISVILLE, KY 40225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT MELITA, BARBARA S 12 CORPORATE WOODS BLVD ALBANY, NY 12211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, MATTHEW A APPLIANCE PARK AP6-225 LOUISVILLE, KY 40225

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara A Melita 4/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #