

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # F97000001087

1. Entity Name
GE LIGHTING SYSTEMS, INC.



Principal Place of Business
**3010 SPARTANBURG HWY.
HENDERSONVILLE, NC 28792**

Mailing Address
**P. O. BOX 2216
SCHENECTADY, NY 12301-2214 US**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2004988	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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 reinstalling) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SYLVESTER, MARYROSE T
STREET ADDRESS	3010 SPARTANBURG HWY.
CITY-ST-ZIP	HENDERSONVILLE, NC 28792
TITLE	V
NAME	MORSE, PAUL F
STREET ADDRESS	3010 SPARTANBURG HWY.
CITY-ST-ZIP	HENDERSONVILLE, NC 28792
TITLE	SD
NAME	CARINO, PHILLIP J
STREET ADDRESS	1975 NOBLE RD.
CITY-ST-ZIP	EAST CLEVELAND, OH 44112
TITLE	V
NAME	STITCH, RICK A
STREET ADDRESS	3010 SPARTANBURG HWY.
CITY-ST-ZIP	HENDERSONVILLE, NC 28792
TITLE	V
NAME	BRENNAN, ROBERT A
STREET ADDRESS	3010 SPARTANBURG HWY.
CITY-ST-ZIP	HENDERSONVILLE, NC 28792
TITLE	VAS
NAME	CAMERON, BARBARA A
STREET ADDRESS	3010 SPARTANBURG HWY.
CITY-ST-ZIP	HENDERSONVILLE, NC 28792

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05/17/06-80021-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. CAMERON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06 **518-433-4337**
Date Daytime Phone #