

★ 2001

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90009 031 ***150.00

C0071570

DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000005430 1. Entity Name 14																																																																																																																																																					
GE ENERGY AND INDUSTRIAL SERVICES, INC. Principal Place of Business Mailing Address 8550 DORCHESTER RD P.O. BOX 2216 N CHARLESTON, SC 29420 SCHENECTADY, NY 12301-2216																																																																																																																																																					
2. Principal Place of Business		3. Mailing Address																																																																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																			
City & State		City & State		4. FEI Number 16-1536994																																																																																																																																																	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																																																																																		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name																																																																																																																																																		
			Street Address (P.O. Box Number is Not Acceptable)																																																																																																																																																		
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			State FL Zip Code																																																																																																																																																		
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) ☐		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">11. OFFICERS AND DIRECTORS</th> <th colspan="3">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>8550 DORCHESTER RD</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>N CHARLESTON, SC 29420</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>PRESIDENT</td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>STEVEN ZWOLINSKI</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8550 DORCHESTER RD</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>N CHARLESTON, SC 29420</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>SECRETARY</td> <td>☐ Delete</td> <td>TITLE</td> <td>SECRETARY</td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>JAMES F. DEVINE</td> <td></td> <td>NAME</td> <td>MOLLY B. BURKE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1 RIVER ROAD</td> <td></td> <td>STREET ADDRESS</td> <td>4200 WILDWOOD PARKWAY</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SCHENECTADY, NY 12345</td> <td></td> <td>CITY - ST - ZIP</td> <td>ATLANTA, GA 30339</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TREASURER</td> <td>☐ Delete</td> <td>TITLE</td> <td>TREASURER</td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>JEFFERY WHITTINGHAM</td> <td></td> <td>NAME</td> <td>JONATHAN D. RUNALDUE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1 RIVER ROAD</td> <td></td> <td>STREET ADDRESS</td> <td>12200 HERBERT WAYNE COURT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SCHENECTADY, NY 12345</td> <td></td> <td>CITY - ST - ZIP</td> <td>HUNTERSVILLE, SC 28078</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VICE PRESIDENT</td> <td>☐ Delete</td> <td>TITLE</td> <td>VICEPRESIDENTITA</td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>FRANK YANOVER</td> <td></td> <td>NAME</td> <td>BARBARA A. MELITA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12 CORPORATE WOODS BLVD.</td> <td></td> <td>STREET ADDRESS</td> <td>12 CORPORATE WOODS BLVD.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ALBANY, NY 12211</td> <td></td> <td>CITY - ST - ZIP</td> <td>ALBANY, NY 12211</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ASSISTANT TREASURER</td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>MARK E. BUCHANAN</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12 CORPORATE WOODS BLVD.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ALBANY, NY 12211</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	8550 DORCHESTER RD		STREET ADDRESS			CITY - ST - ZIP	N CHARLESTON, SC 29420		CITY - ST - ZIP			TITLE	PRESIDENT	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	STEVEN ZWOLINSKI		NAME			STREET ADDRESS	8550 DORCHESTER RD		STREET ADDRESS			CITY - ST - ZIP	N CHARLESTON, SC 29420		CITY - ST - ZIP			TITLE	SECRETARY	☐ Delete	TITLE	SECRETARY	☒ Change ☐ Addition	NAME	JAMES F. DEVINE		NAME	MOLLY B. BURKE		STREET ADDRESS	1 RIVER ROAD		STREET ADDRESS	4200 WILDWOOD PARKWAY		CITY - ST - ZIP	SCHENECTADY, NY 12345		CITY - ST - ZIP	ATLANTA, GA 30339		TITLE	TREASURER	☐ Delete	TITLE	TREASURER	☒ Change ☐ Addition	NAME	JEFFERY WHITTINGHAM		NAME	JONATHAN D. RUNALDUE		STREET ADDRESS	1 RIVER ROAD		STREET ADDRESS	12200 HERBERT WAYNE COURT		CITY - ST - ZIP	SCHENECTADY, NY 12345		CITY - ST - ZIP	HUNTERSVILLE, SC 28078		TITLE	VICE PRESIDENT	☐ Delete	TITLE	VICEPRESIDENTITA	☒ Change ☐ Addition	NAME	FRANK YANOVER		NAME	BARBARA A. MELITA		STREET ADDRESS	12 CORPORATE WOODS BLVD.		STREET ADDRESS	12 CORPORATE WOODS BLVD.		CITY - ST - ZIP	ALBANY, NY 12211		CITY - ST - ZIP	ALBANY, NY 12211		TITLE	ASSISTANT TREASURER	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	MARK E. BUCHANAN		NAME			STREET ADDRESS	12 CORPORATE WOODS BLVD.		STREET ADDRESS			CITY - ST - ZIP	ALBANY, NY 12211		CITY - ST - ZIP		
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																																																					
SIGNATURE <i>Barbara A. Melita</i> SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			BARBARA A. MELITA Date 4/18/01 Daytime Phone # (518) 433-4337																																																																																																																																																		