

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90767 037 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> F97000005430 ✓			
<b>1. Entity Name</b> GE ENERGY AND INDUSTRIAL SERVICES, INC.			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b> 8550 DORCHESTER ROAD Suite, Apt. #, etc.		<b>3. Mailing Address</b> PO BOX 2216 Suite, Apt. #, etc.	
<b>City &amp; State</b> N. CHARLESTON, SC		<b>City &amp; State</b> SCHENECTADY, NY	
<b>Zip</b> 29420	<b>Country</b> US	<b>Zip</b> 12301-2216	<b>Country</b> US
<b>DO NOT WRITE IN THIS SPACE</b>		<b>4. FEI Number</b> 16-1536994	
		<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		<b>7. Name and Address of Current Registered Agent</b>	
		<b>Name</b> CT CORPORATION SYSTEM	
		<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1200 SOUTH PINE ISLAND ROAD	
		<b>City</b> PLANTATION	<b>FL</b> <b>Zip Code</b> 33324
<b>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.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES/DIR</b> ERNEST H. GAULT ONE RIVER ROAD BUILDING 37 SCHENECTADY, NY 12345	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>VP/ASST TREAS</b> J. DAWN MAYHEW 12 CORPORATE WOODS BLVD. ALBANY, NY 12211	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>SECRETARY</b> MOLLY B. BURKE 4200 WILDWOOD PARKWAY ATLANTA, GA 30339	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>TREASURER</b> CANDACE F. CARSON 4200 WILDWOOD PARKWAY ATLANTA, GA 30339	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DIR/CHAIRMAN OF THE BOARD</b> RICARDO ARTIGAS 4200 WILDWOOD PARKWAY ATLANTA, GA 30339	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>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 on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> J. DAWN MAYHEW		<b>4/22/03</b>	<b>(518) 433-4431</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<b>Date</b>	<b>Daytime Phone #</b>

CR2E034B (12/02)