

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90049 029 \*\*\*150.00

DOCUMENT # **F98000001852**

1. Corporation Name  
**GE ACCESSORY SERVICES, INC.**

Principal Place of Business Mailing Address  
**1200 SOUTH PINE ISLAND ROAD PO BOX 2216**  
**PLANTATION, FL 33324 SCHENECTADY, NY 12301-2216**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/20/97**

4. FEI Number  
**31-1591222**

Applied For
Not Applicable

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

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

8. This corporation owes the current year Intangible-  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 <b>1200 SOUTH PINE ISLAND ROAD</b>	26 <b>PO BOX 2216</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>PLANTATION, FL 33324</b>	28 <b>SCHENECTADY, NY 12301-2216</b>
Zip Country	Zip Country
24 <b>33324</b> 25 <b>USA</b>	29 <b>12301-2216</b> 30 <b>USA</b>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>DONALD R. SCHREIBER</b>	
STREET ADDRESS	<b>ONE NEUMANN WAY MAIL DROP F-120</b>	
CITY-ST-ZIP	<b>CINCINNATI, OH 45215</b>	
TITLE	<b>VP &amp; ASST. TREASURER</b>	<input type="checkbox"/> DELETE
NAME	<b>BARBARA A. MELITA</b>	
STREET ADDRESS	<b>12 CORPORATE WOODS BLVD.</b>	
CITY-ST-ZIP	<b>ALBANY, NY 12211</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> DELETE
NAME	<b>RUSSELL F. SPARKS</b>	
STREET ADDRESS	<b>ONE NEUMANN WAY, MAIL DROP F-120</b>	
CITY-ST-ZIP	<b>CINCINNATI, OH 45215</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara A. Melita* VP & ASST. TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

(518) 433-4308

Daytime Phone #

CR2E034 (11/98)