

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM  
Secretary of State

DOCUMENT # F98000001852

1. Entity Name  
GE ACCESSORY SERVICES, INC.



Principal Place of Business  
1200 S PINE ISLAND RD  
FORT LAUDERDALE, FL 33324

Mailing Address  
PO BOX 2216  
SCHENECTADY, NY 12301-2216



01192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
31-1591222

Applied For  
Not Applicable

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**

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, 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 D  
NAME HEINTZELMAN, DANIEL C  
STREET ADDRESS ONE NEUMANN WAY, G58  
CITY-ST-ZIP CINCINNATI, OH 45215

TITLE VAS  
NAME CAMERON, BARBARA A  
STREET ADDRESS 12 CORP WOOD BLVD  
CITY-ST-ZIP ALBANY, NY 12211

TITLE SVPO  
NAME FISHER, KENNETH M  
STREET ADDRESS 1 NEUMANN WAY  
CITY-ST-ZIP CINCINNATI, OH 45215

TITLE VAT  
NAME BUCHANAN, MARK E  
STREET ADDRESS 12 CORPORATE WOODS BLVD  
CITY-ST-ZIP ALBANY, NY 12211

TITLE VAT  
NAME MAXSTADT, RICHARD T  
STREET ADDRESS 12 CORPORATE WOODS BLVD  
CITY-ST-ZIP ALBANY, NY 12211

TITLE DPMD  
NAME MILHAEM, WILLIAM H  
STREET ADDRESS 1 NEUMANN WAY  
CITY-ST-ZIP CINCINNATI, OH 45215

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05/17/06-80021-012 150.00

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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

4/10/06  
Date

518-433-4337  
Daytime Phone #