## FOR PROFIT CORPORATION

- J.

## FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 90766 040 \*\*\*150.00

UNIFORM BUSINESS REPORT (UBR)								
DOCUMENT # F 980	00007335							
GE ENERGY RENTALS, INC	·							
DO NOT WRITE	IN THIS SPACE							
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2. Principal Place of Business	3. Mailing Address							

DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 4 20.0 WILDWOOD PARKWAY PO BOX 22.16 Suife, April 4, etc.  Chy & State ATLANTA, GA Country 12.9 Country 12.301-22.16 US  BO NOT WRITE IN THIS SPACE  COMBY 12.301-22.16 US  B. The above named entity submits this statement for the purpose of charging its registered agent. or both, in the State of Florida. I am familiar with, and accept the editigations of registered agent. or both in the State of Florida. I am familiar with, and accept the editigations of registered agent. or both in the State of Florida. I am familiar with, and accept the editigations of registered agent. or both in the State of Florida. I am familiar with, and accept the editigations of registered agent. or both in the State of Florida. I am familiar with, and accept the editigations of registered agent. or both in the State of Florida. I am familiar with, and accept the editigations of registered agent. or both in the State of Florida is an familiar with.  Assumption of principal or principal purpose of charging its registered agent. or both, in the State of Florida. I am familiar with, and accept the editigations of registered agent.  By The Book was a state of the editional or registered agent. or both in the State of Florida is an familiar with.  Assumption of principal or principal agent.  Assumption of principal or principal agent.  Assumption of principal or principal agent.  By The Book was a state of the purpose of charging its registered affect or registered agent. or both, in the State of Florida. I am familiar with, and accept the editional or registered agent.  By The Book was a state of the editional or registered agent.  By The Book was a state of the purpose of charging its registered affect or registered agent. or both with a state agent.  By The Book was a state of the purpose of charging its registered affect or registered agent. or both with a state agent.  By The Book was a state of the purpose of charging its registered affect or signature was a state of the purpos	GE ENE	RGY RENTALS, INC	2.							
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SCHENECTADY, NY 95-4678707 Status Application   1200 Application   120	Suite, Apt	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			E		
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DO NOT WRITE IN THIS SPACE  T. Name and Address of Current Registered Agent  Name CT CORPORATION  Street Address of Current Registered Agent  TO Corporation of the street Agent  To Corporate Agent  To Corpo						<u>95-</u>	<u>4678707</u>		Not Applicable	
DO NOT WRITE IN THIS SPACE    The same and address of Current Registered Agent   Single Address (PD, Box Number is Not Acceptable)	•		I I	•		5   Certificate of Status Desired			· ·	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and use if applicable.  SIGNATURE  Signatury. Need or printed name or registered agent and use if applicable.  After May 1, Fee is \$150.00  After May 1, Fee is \$50.00  After May 1, Turn 1, Turn 1, Turn 1, Fee May 1, Fe				Str 1	reet Address (P.	P.O. Bo	x Number is Not Acceptable	e)		
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NAME STREET ADDRESS CITY - ST - ZIP TITLE DIRECTOR NAME CANDACE F. CARSON STREET ADDRESS CITY - ST - ZIP TITLE DIRECTOR NAME STREET ADDRESS CITY - ST - ZIP TITLE DIRECTOR NAME STREET ADDRESS CITY - ST - ZIP TITLE DIRECTOR NAME STREET ADDRESS CITY - ST - ZIP NAME RICARDO ARTIGAS STREET ADDRESS CITY - ST - ZIP TITLE NAME RICARDO ARTIGAS STREET ADDRESS CITY - ST - ZIP ATLANTA, GA 30339 TITLE 12. I hereby certify that the information supplied with this filling 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 of 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.  SIGNATURE:  J. DAWN MAYHEW 4/22/03 (518) 433-4431	CITY - ST - ZIP	CITY-ST-ZIP ATLANTA, GA 30339			IP .	DO NOT WRITE IN THIS SPACE				
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STREET ADDRESS 4200 WILDWOOD PARKWAY  CITY-ST-ZIP ATLANTA, GA 30339  TITLE  NAME RICARDO ARTIGAS  STREET ADDRESS CITY-ST-ZIP  ATLANTA, GA 30339  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplied with this filling 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.  SIGNATURE:  MULL DUOOD PARKWAY  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  DAWN MAYHEW  4/22/03 (518) 433-4431	TITLE	DIRECTOR		TITLE		1.		• -	;	
TITLE DIRECTOR  NAME RICARDO ARTIGAS  STREET ADDRESS 4200 WILDWOOD PARKWAY  CITY-ST-ZIP  11. 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.  SIGNATURE:  Output  Director  Director  SIGNATURE:  Output  Director  Dire					ores	•, .		, ·		
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