

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002864

FILED
Apr 24, 2009
Secretary of State

Entity Name: GE ON WING SUPPORT, INC.

Current Principal Place of Business:

300 EARHART COURT
HEBRON, KY 41048

New Principal Place of Business:

CINCINNATI AIRPORT OPERATIONS
ERLANGER, KY 41018

Current Mailing Address:

P.O. BOX 2216
SCHENECTADY, NY 123012216

New Mailing Address:

FEI Number: 31-1464210 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ERNEST, SCOTT
Address: 1 NEUMANN WAY
City-St-Zip: CINCINNATI, OH 45215

Title: T () Delete
Name: KRAATZ, RICHARD
Address: 1 NEUMANN WAY
City-St-Zip: CINCINNATI, OH 45215

Title: VP () Delete
Name: CAMERON, BARBARA
Address: 12 CORPORATE WOODS BLVD.
City-St-Zip: ALBANY, NY 12211

Title: S () Delete
Name: TOLES, TYSON
Address: 4636 SOMERTON ROAD
City-St-Zip: TREVOSE, PA 19053

Title: D () Delete
Name: FITZGERALD, WILLIAM A
Address: 1 NEUMANN WAY
City-St-Zip: CINCINNATI, OH 45215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: CAMERON, BARBARA
Address: 12 CORPORATE WOODS BLVD.
City-St-Zip: ALBANY, NY 12211

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FITZGERALD, WILLIAM
Address: 1 NEUMANN WAY
City-St-Zip: CINCINNATI, OH 45215

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA CAMERON

V

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date