2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003386

Entity Name: GE BETZ, INC.

FILED Jan 11, 2005 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|--|--|-----------------------------------|---|--|--|
| 4636 SOME TREVOSE, | ERTON ROAI PA 19053 | US | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| ATTN: LOL 187 DANBI WILTON, C | |) Js | | | |
| FEI Number: | 23-1503731 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of C | Current Registered Agent: | Name and Address | of New Registered Agent: | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US | | | | | |
| The above in the State | | submits this statement for the pu | rpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electror | nic Signature of Registered Agen | t | Date | |
| Election Carr | npaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P (OLIVER, GEOF 4636 SOMERT TREVOSE, PA | ON ROAD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP (CARUCCIO, EN 4636 SOMERT TREVOSE, PA | ON ROAD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP (PANICHELLA, 4636 SOMERT TREVOSE, PA | ON ROAD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP (VAN OSCH, JO INTERLEUVEN HEVERLEE, BE | LAAN 25 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SEC (GOLDMAN, RE 4636 SOMERT TREVOSE, PA | ON ROAD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | ASEC (RICCIO, LOU-A 187 DANBURY WILTON, CT 0 | ROAD | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LOU-ANN RICCIO ASEC 01/11/2005