2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003386

Entity Name: GE BETZ, INC.

FILED Apr 17, 2009 Secretary of State

Littly Nai	ile. GEBETZ,	IIVC.				
Current Principal Place of Business:			New Principal Place of Business:			
	ERTON ROAD , PA 19053	US				
Current Mailing Address:			New Mailing Address:			
12 CORPO	RATE WOOD	S BLVD				
SUITE 300 ALBANY, N		S				
			EELNISSELSE NEA Asses	E ()	Outilities of Ototop Busined ()	
FEI Number:	23-1503/31	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
1200 SOU	ORATION SYS TH PINE ISLAN ON, FL 33324					
	named entity s of Florida.	ubmits this statement for the p	urpose of changing i	ts register	ed office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	c Signature of Registered Age	nt		Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () GARWOOD, JE 4636 SOMERTO TREVOSE, PA	N ROAD	Title: Name: Address: City-St-Zip:		(X) Change () Addition ERTON ROAD , PA 19053 US	
Title: Name: Address: City-St-Zip:	D () MESSINA, GLEN 4636 SOMERTO TREVOSE, PA	N ROAD	Title: Name: Address: City-St-Zip:		(X) Change () Addition IERTON ROAD , PA 19053 US	
Title: Name: Address: City-St-Zip:	D () KEY, GLYNN 4200 WILDWOO ATLANTA, GA 3		Title: Name: Address: City-St-Zip:		(X) Change () Addition DWOOD PARKWAY GA 30339 US	
Title: Name: Address: City-St-Zip:	MURPHY, JEAN	DS BLVD., SUITE 300	Title: Name: Address: City-St-Zip:		(X) Change () Addition DRATE WOODS BLVD NY 12211 US	
Title: Name: Address: City-St-Zip:	CAMERON, BAF	DS BLVD., SUITE 300	Title: Name: Address: City-St-Zin:		(X) Change () Addition DRATE WOODS BLVD JY 12211 US	

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 A CAMERON V 04/17/2009