

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90049 023 ***150.00

DOCUMENT # F98000006434

1. Entity Name

GE WARRANTY MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

644678

2. Principal Place of Business
APPLIANCE PARK

Suite, Apt. #, etc.
AP6-218

City & State
LOUISVILLE, KY

Zip Country
40225 USA

3. Mailing Address
12 CORPORATE WOODS BLVD.

Suite, Apt. #, etc.
3RD FLOOR

City & State
ALBANY, NY

Zip Country
12211-2524 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2035382

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

City Zip Code
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP		**SEE ATTACHED LIST**		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA A. MELITA 4/18/02 518-433-4337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP & AT Date Daytime Phone #

2001 Officers Business and Residential Addresses

LEGAL_ENT D18521 LEGAL_ENTITY_NAME GE Warranty Management, Inc.

NAME	ROLE DESCRIPTION	BUSINESS ADDRESS
Barbara A. Melita	Assistant Treasurer	12 Corporate Woods Boulevard Albany NY 12211 US
Barbara A. Melita	Vice President	12 Corporate Woods Boulevard Albany NY 12211 US
Christopher N. Smith	Chief Executive Officer	Appliance Park AP6-237 Louisville KY 40225
Christopher N. Smith	Director	Appliance Park AP6-237 Louisville KY 40225
G. Terry Hawkins	Assistant Secretary	Appliance Park AP6-218 Louisville KY 40225 US
Mark E. Buchanan	Assistant Treasurer	12 Corporate Woods Boulevard Albany NY 12211 US
Mark E. Buchanan	Vice President	12 Corporate Woods Boulevard Albany NY 12211 US

Attachment

DOC# F980000006434/644678