

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90298 018 ***150.00

DOCUMENT # F98000006434

1. Entity Name
GE WARRANTY MANAGEMENT, INC.



Principal Place of Business
**APPLIANCE PARK, AP6-218
LOUISVILLE, KY 40225**

Mailing Address
**P.O. BOX 2216
SCHENECTADY, NY 12301 US**

44038982



04062004 No Chg-P CR2E034 (10/03)

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**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOD
SMITH, CHRISTOPHER N
APPLIANCE PARK AP6-237
LOUISVILLE, KY 40225**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
HAWKINS, G. TERRY
APPLIANCE PARK AP6-218
LOUISVILLE, KY 40225**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAT
BUCHANAN, MARK E
12 CORPORATE WOODS BLVD.
ALBANY, NY 12211**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ATVP
MELITA, BARBARA A
12 CORPORATE WOODS BLVD
ALBANY, NY 12211**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara A Melita **Barbara A Melita**

4/14/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #