

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90767 013 \*\*\*150.00

|   |  |
|---|--|
| <b>DOCUMENT #</b> F98000006434                        |  |
| <b>1. Entity Name</b><br>GE WARRANTY MANAGEMENT, INC. |  |

**90117888**

**DO NOT WRITE IN THIS SPACE**

|   |   |
|---|---|
| <b>2. Principal Place of Business</b><br>APPLIANCE PARK<br>Suite, Apt. #, etc.<br>AP6-218 | <b>3. Mailing Address</b><br>PO BOX 2216<br>Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| <b>City &amp; State</b><br>LOUISVILLE, KY | <b>City &amp; State</b><br>SCHENECTADY, NY |
| <b>Zip</b><br>40225                       | <b>Zip</b><br>12301-2216                   |
| <b>Country</b><br>USA                     | <b>Country</b><br>USA                      |

|                                    |   |
|------------------------------------|---|
| <b>4. FEI Number</b><br>35-2035382 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
|------------------------------------|---|

**DO NOT WRITE IN THIS SPACE**

|   |                             |
|---|-----------------------------|
| <b>7. Name and Address of Current Registered Agent</b>                                  |                             |
| <b>Name</b><br>CT CORPORATION SYSTEM  |                             |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br>1200 SOUTH PINE ISLAND RD. |                             |
| <b>City</b><br>PLANTATION   | <b>Zip Code</b><br>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. 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** \_\_\_\_\_

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

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

| <b>10. OFFICERS AND DIRECTORS</b>  |                   |  |                                   |
|--|-------------------|--|-----------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | SEE ATTACHED LIST | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <b>DO NOT WRITE IN THIS SPACE</b> |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                   |

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** BARBARA A. MELITA **4/22/03** **518-433-4337**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)



Federal ID : 35-2035382

Tax Year : 2003 Rpt Mth : 3

| Name                 |                         | BUSINESS ADDRESSES           |                        |
|----------------------|-------------------------|------------------------------|------------------------|
| 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 |
| J. Dawn Mayhew       | Vice President          | 12 Corporate Woods Blvd      | Albany NY 12211        |
| J. Dawn Mayhew       | Assistant Treasurer     | 12 Corporate Woods Blvd      | Albany NY 12211        |
| 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

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