

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-28-2004 90292 026 ***150.00

DOCUMENT # F99000000386

1. Entity Name

GE PACKAGED POWER, INC.



Principal Place of Business

2707 NORTH LOOP WEST
HOUSTON, TX 77008

Mailing Address

P O BOX 2216
SCHENECTADY, NY 12301



04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0556188	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	P
NAME	STEWART, RICHARD R
STREET ADDRESS	2707 NORTH LOOP WEST
CITY-ST-ZIP	HOUSTON, TX 77008
TITLE	VP
NAME	MELITA, BARBARA A
STREET ADDRESS	2707 NORTH LOOP WEST
CITY-ST-ZIP	HOUSTON, TX 77008
TITLE	AT
NAME	MELITA, BARBARA A
STREET ADDRESS	2707 NORTH LOOP WEST
CITY-ST-ZIP	HOUSTON, TX 77008
TITLE	S
NAME	GREGORY, MICHAEL W
STREET ADDRESS	2707 NORTH LOOP WEST
CITY-ST-ZIP	HOUSTON, TX 77008
TITLE	D
NAME	ACQUILLANO, SAMUEL A
STREET ADDRESS	2707 NORTH LOOP WEST
CITY-ST-ZIP	HOUSTON, TX 77008
TITLE	D
NAME	STEWART, RICHARD R
STREET ADDRESS	2707 NORTH LOOP WEST
CITY-ST-ZIP	HOUSTON, TX 77008

**DO NOT WRITE
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 #