

CORPORATION(S) NAME	_	=∽ •
GE Supply Logistics LLC		O2 MAY SEGRET
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() Nonprofit	() Amendment	() Merger
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() Limited Partnership	() Annual Report	() ()
6)TLC	() Name Registration	() Other
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() Certified Copy	() Photocopies	() UCC
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() Call When Ready	() Call If Problem	() After 4:30
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Name	5/2/02	Order#: 53104435
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W.P. Verifier	_	Amount: \$

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GE Supply Logis	tics, LLC				92 1 AL	
	(Name o	f foreign lin	nited liability compa	nv)		
2. Delaware		_	47-0860227	<i>J</i> /	DRLT!	س
(Jurisdiction under company is organized	the law of which foreign limited zed)	liability		number, if applica	ble)	-
4. 01/31/2002		5.	Perpetual		¥ 3 PS	□ ~
(Da	te of Organization)		(Duration: Year li exist or "perpetua	mited liability com l")	pany with cease to	 -
6. <u>11 pan Qua</u>	alification ate first transacted business in Flo	rida. (See se	ctions 608 501 608	502 and 817 155	EQ. —	
				.502, and 617.155,	r.s.)	
7. Iwo Corporate Dr	ive, 10th Floor, Shelton, CT 0648	34	- <u>-</u> - <u>-</u>	**************************************		
			enc.			
	(Stree	t address of	principal office)			- ; .
8. If limited liability	ity company is a manager-m	anaged co	mpany, check he	ere 🗶		
9. The usual busin	ess addresses of the managi	ng membe	ers or managers a	re as follows:		
clason Jo						
Two Cor	To the same					
Shelton	CT 06484					
<u>Ontorion</u> ,	Ot Dutton			<u> </u>		1
		1111	200		<u> </u>	-{···
10. Attached is an origin	nal certificate of existence no more	o flores OO alou-		. 11	_	
the jurisdiction under the	nal certificate of existence, no more e law of which it is organized. (A p	e man 90 day nhotoconvis	S OIO, CIUIY authentica not acceptable. If the	ated by the official h	aving custody of re	cords in
translation of the certific	ate under oath of the translator mus	st be submitte	ed)		cigii ianguage, a	
11. Nature of busir	ness or purposes to be condu	cted or pr	omoted in Florid	a:		,
see attached	Λ	1				
	Das L	740	141		<u> </u>	ا المسائلين
	Signature of a member of	r an author	ized representati	ive of a member		
	(In accordance with section 608.4 an affirmation under the penaltie	408(3), F.S., t	he execution of this do	Cument constitutes	•	
	Jason Jones	,	20000 0001002 11021	on. are u ac.)		
		orinted nar	ne of signee			

Purpose:

The Business provides supply chain management solutions and inventory logistics management services for original equipment manufacturers, including without limitations, offering solutions for the management and deployment of "C" inventory items, such as fastners and related products (i.e. screws, nuts, bolts, washers); distributing "C" inventory items and value added services to original equipment manufacturers, and, in general to conduct any business which is considered lawful.

MAY -2 PM 3: 16

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

GE Supply Logistics, LLC	图纸	02	
2. The name and the Florida street address of the registered agent and office are:		MAY -2	
C T Corporation System		<u>P</u>	<u> </u>
(Name)	STATE LORID/	3: <u> </u> 6	
c/o C T Corporation System, 1200 South Pine Island Road	13		
Florida street address (P.O. Box NOT ACCEPTABLE)			
Plantation FL 33324			
City/State/7in			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

By: AMY BERTELETTI
SPECIAL ASSISTANT SECRETARY

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)