

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

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FILED

07 OCT 19 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000001119					
1. Entity Name GE SUPPLY LOGISTICS, LLC					
Principal Place of Business 9500 N. ROYAL LANE STE 130 IRVING, TX 75063			Mailing Address PO BOX 2216 SCHENECTADY, NY 12301-2216		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 47-0860227	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name 700110993667 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Julie Reeve Assistant V.P.</u> <u>Julie Reeve</u> <u>10-18-07</u> 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 January 1, 2008, Fee will be \$200.00		BK		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CONORS, ROBERT H 9500 NORTH ROYAL LN IRVING, TX 75063	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assistant Secretary Paul Kalocsay 2 Corporate Drive Shelton CT 06484	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT CAMERON, BARBARA A 12 CORP. WOODS BLVD ALBANY, NY 12211	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Craig Schilling 9500 North Royal Lane Irving TX 75063	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SMITH, GERALD T TWO CORPORATE DR SHELTON, CT 06484	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Brad Greene 2 Corporate Drive Shelton CT 06484	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CONORS, ROBERT H 9500 NORTH ROYAL LN IRVING, TX 75063	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. Tax & Administration Tom Holand 9500 N. Royal Lane Irving TX 75063	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TESTA, MARK M TWO CORPORATE DR SHELTON, CT 06484	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GSCHWIND, JOHN C TWO CORPORATE DR SHELTON, CT 06484	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.					
SIGNATURE: <u>Paul Kalocsay</u> <u>10/17/07</u> <u>203-944-3000</u> SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

REINSTATEMENT 2007



CORPORATION SERVICE COMPANY

MO2000001119

RECEIVED

07 OCT 19 AM 8:46

ACCOUNT NO. : 072100000032
REFERENCE : 279742
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 150.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
4731328

ORDER DATE : October 18, 2007

ORDER TIME : 4:53 PM

ORDER NO. : 279742-005

CUSTOMER NO: 4731328

BK

DOMESTIC FILINGS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NAME: GE SUPPLY LOGISTICS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

BK

CONTACT PERSON: Susie Knight - Ext# 2956

EXAMINER'S INITIALS _____