

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001261

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: GE-HITACHI NUCLEAR ENERGY AMERICAS LLC

## Current Principal Place of Business:

3901 CASTLE HAYNE ROAD  
WILMINGTON, NC 28401

## New Principal Place of Business:

3901 CASTLE HAYNE ROAD  
WILMINGTON, NC 28401 US

## Current Mailing Address:

P.O. BOX 2216  
SCHENCTADY, NY 12301

## New Mailing Address:

P.O. BOX 2216  
SCHENCTADY, NY 123012216 US

FEI Number: 33-1153677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SADDLEMIRRE, TOM  
Address: 4200 WILDWOOD PARKWAY  
City-St-Zip: ATLANTA, GA 30339

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: CAMERON, BARBARA  
Address: 12 CORPORATE WOODS BLVD  
City-St-Zip: ALBANY, NY 12211 US

Title: MGR ( ) Change (X) Addition  
Name: FULLER, JOHN D  
Address: 175 CURTNER AVENUE  
City-St-Zip: SAN JOSE, CA 95125 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 608, Florida Statutes.

SIGNATURE: BARBARA CAMERON

MGR

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date