File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Secretary of State DIVISION OF CORPORATIONS 98 MAR 16 PM 1: 40 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT #** M9600000518 1a. Principal Place of Business Address GE-HARRIS ENERGY CONTROL SYSTEMS, LLC 407 JOHN RODES BLVD. 407 JOHN RODES BLVD. MELBOURNE FL 32934 MELBOURNE FL 32934 2a. Mailing Address 3. Date Organized or Qualified 2. Principal Place of Business 3a. State of Formation 12/23/1996 4. FEI Number DE Suite, Apt. #, etc. Sulte, Apt. #, etc. Applied For City & State City & State Not Applicable 59-3413963 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country SB.75 Adddronal Fee Hequired 03/03/1997 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office Name CORPORATION SERVICE , COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Suite, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE . DATE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MOR ARMOTRONG, PAUL T JOHN RODES BLVD MELBOURNE FL MGR BOLZE, STEPHEN R 407 JOHN RODES BLVD. MELBOURNE, FL 32934 900002462639--03/19/98--01112--018 ****188.75 ****188.75 CC

11. Ido hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information Indicated on this annual 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 impowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

ITED NAME OF SIGNING MANAGING MEMBER OR MANAGER