


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90018 033 ****50.00

DOCUMENT # M98000000484 1. Entity Name GE SEACO AMERICA LLC	
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Principal Place of Business 1155 AVENUE OF THE AMERICAS NEW YORK NY 10036-2711	Mailing Address 1155 AVENUE OF THE AMERICAS NEW YORK NY 10036-2711
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MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 13-4002608	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE	MGR	<input type="checkbox"/>
NAME	D'AVINO, RICK	
STREET ADDRESS	200 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT 06927	
TITLE	MGR	<input type="checkbox"/>
NAME	IKER, T. DENNIS	
STREET ADDRESS	200 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT 06927	
TITLE	MGR	<input type="checkbox"/>
NAME	LYNCH, ROBIN M	
STREET ADDRESS	1155 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036-2711	
TITLE	MGR	<input type="checkbox"/>
NAME	LANDRY, JOHN T JR.	
STREET ADDRESS	1155 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036-2711	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. 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 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 608, Florida Statutes.

SIGNATURE: John T Landry April 22, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #