

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06802

Entity Name: GE POLYMERLAND, INC.

FILED
Jan 04, 2005
Secretary of State

Current Principal Place of Business:

9930 KINCEY AVENUE
HUNTERSVILLE, NC 28078 US

New Principal Place of Business:

Current Mailing Address:

BARBARA SAMMONS, GE PLASTICS
ONE PLASTICS AVE.
PITTSFIELD, MA 01201 US

New Mailing Address:

BARBARA SAMMONS, GE ADVANCED MATERIALS
ONE PLASTICS AVE.
PITTSFIELD, MA 01201 US

FEI Number: 55-0647975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KRENICKI, JOHN JR
Address: ONE PLASTICS AVE
City-St-Zip: PITTSFIELD, MA 01201

Title: S () Delete
Name: SAMMONS, BARBARA N
Address: ONE PLASTICS AVE
City-St-Zip: PITTSFIELD, MA 01201

Title: P () Delete
Name: REEVES, HENRY A
Address: ONE PLASTICS AVENUE
City-St-Zip: PITTSFIELD, MA 01201

Title: S () Delete
Name: HARNETT, LAWRENCE M
Address: ONE PLASTICS AVENUE
City-St-Zip: PITTSFIELD, MA 01201

Title: V () Delete
Name: LARSEN, MICHAEL M
Address: ONE PLASTICS AVE
City-St-Zip: PITTSFIELD, MA 01201

Title: TD () Delete
Name: GLADDEN, BRIAN T
Address: ONE PLASTICS AVE
City-St-Zip: PITTSFIELD, MA 01201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: OBRIEN, TIMOTHY J
Address: ONE PLASTICS AVENUE
City-St-Zip: PITTSFIELD, MA 01201

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA N. SAMMONS

S

01/04/2005

Electronic Signature of Signing Officer or Director

Date