

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90267 034 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P06802**

1. Entity Name  
**GE POLYMERLAND, INC.**



Principal Place of Business  
 9930 KINCEY AVENUE  
 HUNTERSVILLE, NC 28078 US

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

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

4. FEI Number  
**55-0647975**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2003 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution   Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Delete FUJIMORI, YOSKIAMI ONE PLASTICS AVE PITTSFIELD, MA 01201	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Krenecki, Jr. One Plastics Avenue Pittsfield, MA 01201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Delete FOSS, PETER N 9930 KINCEY AVENUE HUNTERSVILLE, NC 28078	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Barbara N. Sammons One Plastics Avenue Pittsfield, MA 01201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PODESTA, GERARD L 9930 KINCEY AVENUE HUNTERSVILLE, NC 29078	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete CLARK, XONNA M 9930 KINCEY AVENUE HUNTERSVILLE, NC 28078	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete DZIEDZIC, JOE W 9930 KINCEY AVENUE HUNTERSVILLE, NC 28078	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Timothy Morse One Plastics Avenue Pittsfield, MA 01201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BORNSTEIN, JEFFREY S ONE PLASTICS AVE PITTSFIELD, MA 01201	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brian T. Gladden One Plastics Avenue Pittsfield, MA 01201

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 2/10/03 PHONE: 413-448-7571  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Barbara N. Sammons, Asst. Secretary

CR2E034 (10/02)