

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32434

1. Entity Name

GE GOVERNMENT SERVICES, INC.

Principal Place of Business Mailing Address
PO BOX 2216 PO BOX 2216
SCHENECTADY, NY 12301 SCHENECTADY, NY 12301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
14-1682540

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
VPT	MARK E. BUCANAN	12 CORPORATE WOODS BLVD	ALBANY, NY 12211	<input type="checkbox"/>
VPAT	GEDIA DEMARIA	12 CORPORATE WOODS BLVD.	ALBANY, NY 12211	<input type="checkbox"/>
VPS	ROBERT E. HEALING	3135 EASTON TURNPIKE	FAIRFIELD, CT 06431	<input type="checkbox"/>
PD	JAMES R. BUNT	3135 EASTON TURNPIKE	FAIRFIELD, CT 06431	<input type="checkbox"/>
DVP	PHILIP D. AMEEN	3135 EASTON TURNPIKE	FAIRFIELD, CT 06431	<input type="checkbox"/>
AS	ELIZA W. FRASER	3135 EASTON TURNPIKE	FAIRFIELD, CT 06431	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK E. BUCANAN

4/24/00

Date

(518) 433-4308

Daytime Phone #