

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P32434

1. Entity Name
GE GOVERNMENT SERVICES, INC.



Principal Place of Business
**PO BOX 2216
SCHENECTADY, NY 12301**

Mailing Address
**PO BOX 2216
SCHENECTADY, NY 12301**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1682540	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VAT
NAME	CAMERON, BARBARA A
STREET ADDRESS	12 CORP WOODS BLVD
CITY-ST-ZIP	ALBANY, NY 12211
TITLE	VPS
NAME	HEALING, ROBERT E
STREET ADDRESS	3135 EASTON TURNPIKE
CITY-ST-ZIP	FAIRFIELD, CT 06431
TITLE	VAT
NAME	MAXSTADT, RICHARD T
STREET ADDRESS	12 CORPORATE WOODS BLVD.
CITY-ST-ZIP	LATHAM, NY 12111
TITLE	PD
NAME	AMEEN, PHILIP D
STREET ADDRESS	3135 EASTON TURNPIKE
CITY-ST-ZIP	FAIRFIELD, CT 06431
TITLE	AS
NAME	FRASER, ELIZA W
STREET ADDRESS	3135 EASTON TURNPIKE
CITY-ST-ZIP	FAIRFIELD, CT 06431
TITLE	VP
NAME	BUCHANAN, MARK E
STREET ADDRESS	12 CORPORATE WOODS BLVD.
CITY-ST-ZIP	LATHAM, NY 12111

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05/17/06-80021-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Barbara A. Cameron **BARBARA A. CAMERON VP & ASST. TREAS.** 4/14/06 (518) 433-4336