

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90766 040 \*\*\*150.00

**DOCUMENT # F98000002335**  
1. Entity Name  
GE ENERGY RENTALS, INC.

**DO NOT WRITE IN THIS SPACE**

**90117811**

2. Principal Place of Business 4200 WILDWOOD PARKWAY Suite, Apt. #, etc.	3. Mailing Address PO BOX 2216 Suite, Apt. #, etc.
--	--

DO NOT WRITE IN THIS SPACE

City & State ATLANTA, GA	City & State SCHENECTADY, NY	4. FEI Number 95-4678707	Applied For Not Applicable
-----------------------------	---------------------------------	-----------------------------	-------------------------------

Zip 30339	Country US	Zip 12301-2216	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
--------------	---------------	-------------------	---------------	--

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
CT CORPORATION

Street Address (P.O. Box Number is Not Acceptable)  
1200 S. PINE ISLAND ROAD

City  
PLANTATION FL Zip Code  
33324

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT LUIS RAMIREZ 4200 WILDWOOD PARKWAY ATLANTA, GA 30339	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER/VP KEN SCHWEER 4200 WILDWOOD PARKWAY ATLANTA, GA 30339	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/SECRETARY ANN MCWHORTER 4200 WILDWOOD PARKWAY ATLANTA, GA 30339	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/ASTT TREAS J. DAWN MAYHEW 12 CORPORATE WOODS BLVD. ALBANY, NY 12211	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR CANDACE F. CARSON 4200 WILDWOOD PARKWAY ATLANTA, GA 30339	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR RICARDO ARTIGAS 4200 WILDWOOD PARKWAY ATLANTA, GA 30339	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: J. Dawn Mayhew J. DAWN MAYHEW 4/22/03 (518) 433-4431  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)