

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90170 020 \*\*\*158.75

**DOCUMENT # P06802**  
 1. Entity Name  
**GE POLYMERLAND, INC.**

Principal Place of Business 12200 HERBERT WAYNE CT 150 HUNTSVILLE NC 28078 US	Mailing Address MARIANNE STRROUP, GE PLASTICS ONE PLASTICS AVE. PITTSFIELD MA 01201-3662 US
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Barbara Sammons, GE Plastics Suite, Apt. #, etc.
---	---

City & State Huntersville, NC	City & State	4. FEI Number 55-0647975	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>ROGERS, G. L.</b> <b>ONE PLASTICS AVE</b> <b>PITTSFIELD MA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FOSS, PETER</b> <b>501 AVERY ST</b> <b>PARKERSBURG WV</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BECCALLI, FERDINANDO</b> <b>ONE PLASTICS AVE</b> <b>PITTSFIELD MA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLE, LYNDON E</b> <b>ONE PLASTICS AVE.</b> <b>PITTSFIELD MA</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Director</b> <b>Matthew J. Espe</b> <b>Plasticslaan 1, P.O. Box 117</b> <b>Bergen op Zoom 4600 NC, Netherlands</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>STROUP, MARIANNE</b> <b>ONE PLASTICS AVE</b> <b>PITTSFIELD MA</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director</b> <b>Xonna M. Clark</b> <b>12200 Herbert Wayne Court, Suite 150</b> <b>Huntersville, NC 28078</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>IRELAND, JAY W.</b> <b>ONE PLASTICS AVENUE</b> <b>PITTSFIELD MA</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Director</b> <b>Jeffrey S. Bornstein</b> <b>One Plastics Avenue</b> <b>Pittsfield, MA 01201</b>

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 persons empowered.

SIGNATURE: Jeffrey S. Bornstein Date: 2/17/00 Daytime Phone #: 43-448-4701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)