

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90070 037 \*\*\*158.75

**DOCUMENT # P06802**

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

Principal Place of Business

**12200 HERBERT WAYNE CT  
 150  
 HUNTERSVILLE NC 28078  
 US**

Mailing Address

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

0 2 0 0 1 4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **55-0647975**

Applied For  
 Not Applicable

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.

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, 2001 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	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>ROGERS, G. L.</b>	
STREET ADDRESS	<b>ONE PLASTICS AVE</b>	
CITY-ST-ZIP	<b>PITTSFIELD MA</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FOSS, PETER</b>	
STREET ADDRESS	<b>501 AVERY ST</b>	
CITY-ST-ZIP	<b>PARKERSBURG WV</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BECCALI, FERDINANDO</b>	
STREET ADDRESS	<b>ONE PLASTICS AVE</b>	
CITY-ST-ZIP	<b>PITTSFIELD MA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ESPE, MATTHEW J</b>	
STREET ADDRESS	<b>PLASTICSLAAN 1, P O BOX 117</b>	
CITY-ST-ZIP	<b>BERGEN OP ZOOM, NETHERLANDS 460-0 NC</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLARK, XONNA M</b>	
STREET ADDRESS	<b>12200 HERBERT WAYCE CT #150</b>	
CITY-ST-ZIP	<b>HUNTERSVILLE NC 28078</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BORNSTEIN, JEFFREY S</b>	
STREET ADDRESS	<b>ONE PLASTICS AVE</b>	
CITY-ST-ZIP	<b>PITTSFIELD MA 01201</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Jeffrey S. Bornstein*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Jeffrey S. Bornstein**

2/13/01 413-448-4701  
 Date Daytime Phone #

CR2E034 (10/00)