

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90449 025 ***150.00

DOCUMENT # 817220

1. Entity Name
GENERAL ELECTRIC CREDIT AND LEASING CORPORATION

Principal Place of Business
260 LONG RIDGE ROAD
PO BOX 8109
STAMFORD CT 06927

Mailing Address
260 LONG RIDGE ROAD
PO BOX 8109
STAMFORD CT 06927



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-6139483

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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, 2002 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	<input type="checkbox"/> Delete
P	LEWIS, ROBERT L	1600 SUMMER STREET	STAMFORD CT 06927	<input type="checkbox"/>
VP	BARKER, WILLIAM E	1600 SUMMER STREET	STAMFORD CT 06927	<input checked="" type="checkbox"/>
VP	BRILL, DOUGLAS	1600 SUMMER STREET	STAMFORD CT 06927	<input checked="" type="checkbox"/>
VP	CHRISTIE, EDWARD S	1600 SUMMER STREET	STAMFORD CT 06927	<input checked="" type="checkbox"/>
VP	EAKIN, DONALD L	1600 SUMMER STREET	STAMFORD CT 06927	<input checked="" type="checkbox"/>
VP	FERGUSON, MOLLY S	1600 SUMMER STREET	STAMFORD CT 06927	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VP-Taxes	Donna Fiammetta	777 Long Ridge Rd	Stamford CT 06927	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Wendy Ormons	120 Long Ridge Road	Stamford CT 06927	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	John Buber	120 Long Ridge Rd	Stamford CT 06927	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Donald Peterson			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	Ricardo Silva	120 Long Ridge Rd	Stamford CT 06927	<input type="checkbox"/>	<input checked="" 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: _____

DONNA M. FIAMMETTA 4/29/02

203-357-4544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)