**FILED** 

May 05, 1999 8:00 am Secretary of State

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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 843839**

1. Corporation Name

GENERAL ELECTRIC CAPITAL AUTO FINANCIAL SERVICES , INC.

Principal Place	e of Business	Mailing Address					
600 HART RD		DEPT. 8109					
PO BOX 8109		260 LONG RIDGE RD.IAMS STAMFORD CT 06927-9621			DO NOT WRITE IN THIS SPACE		
BARRINSTON II	. 60010						
US		US			3. Date Incorporated or Qualifed		
					08/02/1979		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21		26			36-2774566	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27			5. Certificate of Status Desired	Fee Re	quired
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	Мау Ве
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year	Intangible	
24	25	29 30	5		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren		<u>'                                    </u>		10. Name and Address of New Registere	d Agent	
			81	Name			
CT	CORPORATION SYSTEM			ļ. <u></u>	(D.O. D. M. has is Net Assestable)		
1200 SOUTH PINE ISLAND ROAD			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			83	<del> </del>			
			84	City	F	85 Zip C	Code
	60	O 1 007 4500 Florida Otabutaa	dha abau		poration submits this statement for the purpose	_	registered
agent. I a SIGNATURE	m familiar with, and accept the obliga	itions of, Section 607.0505, Florida	a Statutes	i.	ion's board of directors. I hereby accept the appropriate the spirit of		
40	Signature, typed or printed name of registered age	ID DIRECTORS	13.	ir aiðiratnia tadni	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	VPT	DELETE	1.1 TITLE		ADDITIONAL TOTAL TO CONTRACT OF THE PARTY OF	Change	Addition
	'' '	- Decemb	1.2 NAME			_ ,	_
NAME	HYDE, JEFFREY L						
STREET ADDRESS	)			TADDRESS			
CITY-ST-ZIP STAMFORD CT 06927		□ priete	1.4 CITY-ST-ZIP			☐ Change	Addition
TITLE	D DELETE		2.1 TITLE			Grange	
NAME	STEWART, EDWARD D.		2.2 NAME				
STREET ADDRESS	260 LONG RIDGE RD			TADDRESS			
CITY-ST-ZIP	STAMFORD CT 06927		2.4 CITY-5 3.1 TITLE	ST-ZIP		- Chores	□ Addition
TITLE	CP	DELETE				Change	Addition
NAME	DERICKSON, SANDRA A.		3.2 NAME				
STREET ADDRESS	540 NW HWY		3.3 STREE	TADDRESS			
CITY-ST-ZIP	BARRINGTON IL 60010		3.4. CITY-5	T-ZIP			
TITLE	T	☐ DELETE	4.1 TITLE			Change	Additio
NAME	WERNER, JEFFREY S.		4. 2 NAME				
STREET ADDRESS	201 HIGH RIDGE RD		4.3 STREE	1 ADDRESS			
CITY-ST-ZIP	STAMFORD CT 06927		4.4 CITY-S	T-ZIP			
TITLE	9	□ DELETE	5.1 TITLE			☐ Change	☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an adachinest with an agraress, with all other like empowered. **SOUTH BARRINGTON IL 60010** CITY-ST-ZIP

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY+ST-ZIP

SALK, HOWARD A

540 NW HIGHWAY

**CINDY E YOUNG** 

**540 NW HWY** 

**SOUTH BARRINGTON IL 60010** 

DELETE

Change

Addition