

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91121 035 ***150.00

US 30456

DOCUMENT # 843839

1. Entity Name
GENERAL ELECTRIC CAPITAL AUTO FINANCIAL SERVICES

Principal Place of Business 600 HART RD PO BOX 8109 BARRINGTON IL 60010 US	Mailing Address DEPT. 8109 260 LONG RIDGE RD.IAMS STAMFORD CT 06927-9621 US
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-2774566**

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 _____ 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPT	<input type="checkbox"/> Delete
NAME	HYDE, JEFFREY L	
STREET ADDRESS	777 LONG RIDGE RD	
CITY-ST-ZIP	STAMFORD CT 06927	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, EDWARD D.	
STREET ADDRESS	260 LONG RIDGE RD	
CITY-ST-ZIP	STAMFORD CT 06927	
TITLE	CP	<input checked="" type="checkbox"/> Delete
NAME	DERICKSON, SANDRA A.	
STREET ADDRESS	540 NW HWY	
CITY-ST-ZIP	BARRINGTON IL 60010	
TITLE	T	<input type="checkbox"/> Delete
NAME	WERNER, JEFFREY S.	
STREET ADDRESS	201 HIGH RIDGE RD	
CITY-ST-ZIP	STAMFORD CT 06927	
TITLE	S	<input type="checkbox"/> Delete
NAME	SALK, HOWARD A	
STREET ADDRESS	540 NW HIGHWAY	
CITY-ST-ZIP	SOUTH BARRINGTON IL 60010	
TITLE	AT	<input type="checkbox"/> Delete
NAME	CINDY E YOUNG	
STREET ADDRESS	540 NW HWY	
CITY-ST-ZIP	SOUTH BARRINGTON IL 60010	

TITLE	ASST Treas - Tax	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sonn Amato	
STREET ADDRESS	260 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD, CT 06927-9622	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Daniel Henson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	540 NW HWY	
CITY-ST-ZIP	Barrington IL 60010	
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		

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: John Amato **JOHN AMATO** 4-29-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 203-357-4544 Daytime Phone #

CR2E034 (10/00)