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**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90051 039 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

~~1999~~ 2000

DOCUMENT # **F94000001185**

1. Corporation Name  
**GE CAPITAL INFORMATION TECHNOLOGY SOLUTIONS-NORTH AMERICA, INC.**



Principal Place of Business  
**10200 51ST AVE N  
 PLYMOUTH MN 55442**

Mailing Address  
**10200 51ST AVE N  
 PLYMOUTH MN 55442**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/09/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		41-0997685	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		6. Election Campaign Financing Trust Fund Contribution	
25		30		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax.	

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New/Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

In accordance with the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRINGER, STEVE	1.2 NAME	Asst Treas - Tax
STREET ADDRESS	605 WATERFORD PKWY N HIGHWAY 169	1.3 STREET ADDRESS	Sonn Amato
CITY-ST-ZIP	MINNEAPOLIS MN 55441	1.4 CITY-ST-ZIP	200 LONG RIDGE ROAD STAMFORD, CT 06907-3522
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZABMRSWSKI, MATTHEW	2.2 NAME	
STREET ADDRESS	605 WATERFORD PKWY, N HIGHWAY 169	2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55441	2.4 CITY-ST-ZIP	
TITLE	TSVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, FRED	3.2 NAME	
STREET ADDRESS	700 CANAL ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06902	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITKOW, STANLEY	4.2 NAME	
STREET ADDRESS	700 CANAL ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06902	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POCH, GERLAD	5.2 NAME	
STREET ADDRESS	700 CANAL ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06902	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 attachment with an address, with all other like empowered.

SIGNATURE:

*Sonn Amato*  
**SONN AMATO**

5-1-2000

203-357-4544

CE 2000 10/19/00