

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # F94000001185

1. Corporation Name

GE Capital Information Technology Solutions -
North America, Inc.

2. Principal Office Address

One Riverfront Place

Suite, Apt. #, etc.

Attn: Deborah Butler

City & State

Newport KY

Zip

41071

Country

USA

3. Mailing Office Address

One Riverfront Place

Suite, Apt. #, etc.

Attn: Deborah Butlee

City & State

Newport KY

Zip

41071

Country

USA

FILED

02 MAY 14 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/24/02--01058--021
*****875 *****875

REINSTATEMENT 01-82

4. Date Incorporated or Qualified
To Do Business in Florida

3-9-94

5. FEI Number

41-0997685

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Salvina Amato-Gray
REGISTERED AGENT MUST SIGN

Date

5/13/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Randy Dobose	One Riverfront Place	Newport KY 41071
T	Ronald G Collins	One Riverfront Place	Newport KY 41071
S	Michael Tucker	One Riverfront Place	Newport KY 41071
A/S	Donna Fiammetta	777 Long Ridge Rd	Stamford CT 06929
A/S	John Amato	777 Long Ridge Rd	Stamford CT 06929

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna Fiammetta Asst. Secy.

Date

5/9/02

Daytime Phone #

203-357-4544

CR2E081 (9/01)

Ami

CT CORPORATION

CORPORATION(S) NAME

GE Capital Information Technology Solutions - North America Inc.

- | | | |
|----------------------------------------------|---------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input checked="" type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input checked="" type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

RECEIVED
02 MAY 14 PM 12:01
TALLAHASSEE, FL 32301
DEPARTMENT OF STATE
OFFICE OF SECRETARY
TALLAHASSEE, FL 32301

Name _____ 5/14/02 Order#: 5342051
Availability _____
Document _____
Examiner _____ Ref#: _____
Updater _____
Verifier _____
W.P. Verifier _____ Amount: \$ _____

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Tallahassee, FL 32301
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Fax 850 222 7615