

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90245 013 ***150.00

DOCUMENT # P18548

1. Entity Name

GELCO EQUIPMENT LEASING COMPANY OF DELAWARE

Principal Place of Business

Mailing Address

260 LONG RIDGE ROAD
 P.O. BOX 8109
 STAMFORD CT 06927

DEPT. 8109
 260 LONG RIDGE RD.
 STAMFORD CT 06927-1600

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-1600163

Applied For

Not Applicable

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, 2000 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	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VD	FANELLI, THOMAS	44 OLD RIDGEBURY ROAD	DANBURY CT	<input type="checkbox"/>	Asst Treas - State	Donna Gammella	260 LONG RIDGE ROAD	STAMFORD, CT 06927-9622	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	SMITH, J GORDON	44 OLD RIDGEBURY ROAD	DANBURY CT	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	THOMAS, KELLY S.	44 OLD RIDGEBURY ROAD	DANBURY CT	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	NEAL, MICHAEL A.	3303 STAMFORD SQUARE	STAMFORD CT	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPT	HYDE, JEFFREY L.	260 LONG RIDGE RD.	STAMFORD CT	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	CAROLYN S LITTLES	6601 SIX FORKS RD	RALEIGH NC 27615	<input type="checkbox"/>					<input type="checkbox"/>	<input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

203-357-4544

CP/SP/0000