

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2001 91121 012 \*\*\*150.00

**DOCUMENT # P18548**

1. Entity Name  
**GELCO EQUIPMENT LEASING COMPANY OF DELAWARE**

Principal Place of Business <b>260 LONG RIDGE ROAD          P.O. BOX 8109          STAMFORD CT 06927</b>	Mailing Address <b>DEPT. 8109          260 LONG RIDGE RD.          STAMFORD CT 06927-9621</b>
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>41-1600163</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 \_\_\_\_\_ (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, 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	<i>Donna Fiammetta</i>
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: \_\_\_\_\_ **DONNA M. FIAMMETTA** **203-357-4544**  
 \_\_\_\_\_ Date: **4-27-01** Daytime Phone #

CR2E034 (10/00)