

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P22241

1. Entity Name

GENERAL ELECTRIC CAPITAL COMMERCIAL AUTOMOTIVE F

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

05-03-2001 91136 001 \*\*\*150.00

Principal Place of Business

1000 HART RD  
BARRINGTON IL 60010  
US

Mailing Address

DEPT 8109  
260 LONG RIDGE RD.  
STAMFORD CT 06927-9621  
US

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 **94-3054231**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** 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

**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, 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	PD	<input type="checkbox"/> Delete
NAME	BOLGER, JAMES J.	
STREET ADDRESS	1000 HART RD.	
CITY-ST-ZIP	BARRINGTON IL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRABER, SARAH J.	
STREET ADDRESS	600 HART RD.	
CITY-ST-ZIP	BARRINGTON IL	
TITLE	T	<input type="checkbox"/> Delete
NAME	EGNA, STEVEN M.	
STREET ADDRESS	1000 HART RD	
CITY-ST-ZIP	BARRINGTON IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DERICKSON, SANDRA L.	
STREET ADDRESS	600 HART RD.	
CITY-ST-ZIP	BARRINGTON IL 60010	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	HYDE, JEFFERY L	
STREET ADDRESS	260 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRALLE, MICHAEL E.	
STREET ADDRESS	1000 HART ROAD	
CITY-ST-ZIP	BARRINGTON IL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Asst Treas - Tax	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Amato	
STREET ADDRESS	260 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD, CT 06927-9622	
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		
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:

*[Signature]*

JOHN AMATO

4-27-01

203-357-4544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)