2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003
Secretary of State

DOCUMENT# 696445

Entity Name: TRAFALGAR CREDIT CORPORATION

Current Principal Place of Business:

C/O GE CAPITAL REAL ESTATE
292 LONG RIDGE ROAD
STAMFORD, CT 06927 US

New Principal Place of Business:

Current Mailing Address:

C/O GE CAPITAL REAL ESTATE
292 LONG RIDGE ROAD
STAMFORD, CT 06927 US

New Mailing Address:

FEI Number: 06-1047404 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DV	(X) Delete
Name:	COLICA, J.A.,	
Address:	260 LONG RIDGE RD	
City-St-Zip:	STAMFORD, CT	
Title:	DP	( ) Delete
Name:	PFEIFFER, ROBERT E	
Address:	292 LONG RIDGE ROAD	
City-St-Zip:	STAMFORD, CT 06927	
Title:	VPT	( ) Delete
Name:	DAY, JANE	
Address:	292 LONG RIDGE ROAD	
City-St-Zip:	STAMFORD, CT 06927	
Title:	S	( ) Delete
Name:	MOORE, WILLIAM P	
Address:	292 LONG RIDGE ROAD	
City-St-Zip:	STAMFORD, CT 06927	
Title:	AS	( ) Delete
Name:	CRONE, MARYBETH	
Address:	292 LONG RIDGE ROAD	
City-St-Zip:	STAMFORD, CT 06927	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	AS	(X) Change ( ) Addition
Name:	RYAN, NORA D	
Address:	292 LONG RIDGE ROAD	
City-St-Zip:	STAMFORD, CT 06927	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORA D. RYAN AS 04/11/2003

Electronic Signature of Signing Officer or Director — Date