

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 817220

1. Entity Name

GENERAL ELECTRIC CREDIT AND LEASING CORPORATION

Principal Place of Business

260 LONG RIDGE ROAD  
PO BOX 8109  
STAMFORD CT 06927

Mailing Address

260 LONG RIDGE ROAD  
PO BOX 8109  
STAMFORD CT 06927

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

13-6139483

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, 2002 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	<b>P</b> <b>LEWIS, ROBERT L</b> <b>1600 SUMMER STREET</b> <b>STAMFORD CT 06927</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BARKER, WILLIAM E</b> <b>1600 SUMMER STREET</b> <b>STAMFORD CT 06927</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP-Taxes</b> <b>Donna Fiammetta</b> <b>777 Long Ridge Rd</b> <b>Stamford CT 06927</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BRILL, DOUGLAS</b> <b>1600 SUMMER STREET</b> <b>STAMFORD CT 06927</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Wendy Ormons</b> <b>120 Long Ridge Road</b> <b>Stamford CT 06927</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CHRISTIE, EDWARD S</b> <b>1600 SUMMER STREET</b> <b>STAMFORD CT 06927</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>John Buber</b> <b>120 Long Ridge Rd</b> <b>Stamford CT 06927</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>EAKIN, DONALD L</b> <b>1600 SUMMER STREET</b> <b>STAMFORD CT 06927</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Donald Peterson</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FERGUSON, MOLLY S</b> <b>1600 SUMMER STREET</b> <b>STAMFORD CT 06927</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Treasurer</b> <b>Ricardo Silva</b> <b>120 Long Ridge Rd</b> <b>Stamford CT 06927</b>

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

203-357-4544

CR2E034 (9/01)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90449 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE