

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0615213 AT

DOCUMENT # 817220

1. Entity Name
GENERAL ELECTRIC CREDIT AND LEASING CORPORATION



FILED

03 MAR 17 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

120 Long Ridge Rd

120 Long Ridge Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-6139483

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LEWIS, ROBERT L
STREET ADDRESS 1600 SUMMER STREET
CITY-ST-ZIP STAMFORD CT 06927 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 120 Long Ridge Rd
CITY-ST-ZIP Stamford, CT 06927

TITLE VT
NAME FIAMMETTA, DONNA
STREET ADDRESS 777 LONG RIDGE ROAD
CITY-ST-ZIP STAMFORD CT 06927 ☒ Delete

TITLE AS
NAME Kathleen L. Mathews
STREET ADDRESS 120 Long Ridge Rd
CITY-ST-ZIP Stamford, CT 06927 ☐ Change ☒ Addition

TITLE S
NAME ORMOND, WENDY
STREET ADDRESS 120 LONG RIDGE ROAD
CITY-ST-ZIP STAMFORD CT 06927 ☐ Delete

TITLE
NAME
STREET ADDRESS 200014451372
CITY-ST-ZIP 03/24/03--01003--015 **150.00 ☐ Change ☐ Addition

TITLE D
NAME BUBER, JOHN
STREET ADDRESS 120 LONG RIDGE ROAD
CITY-ST-ZIP STAMFORD CT 06927 ☐ Delete

TITLE John Bober
NAME
STREET ADDRESS ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE VP
NAME PETERSON, DONALD
STREET ADDRESS 1600 SUMMER STREET
CITY-ST-ZIP STAMFORD CT 06927 ☐ Delete

TITLE
NAME
STREET ADDRESS 120 Long Ridge Rd
CITY-ST-ZIP Stamford, CT 06927 ☒ Change ☐ Addition

TITLE T
NAME SILVA, RICARDO
STREET ADDRESS 120 LONG RIDGE ROAD
CITY-ST-ZIP STAMFORD CT 06927 ☐ Delete

TITLE VPF/T
NAME
STREET ADDRESS ☒ Change ☐ Addition
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-24-03 203/357-6567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)