

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0615220 AT

DOCUMENT # 823603

1. Entity Name
GENERAL ELECTRIC CREDIT CORPORATION OF GEORGIA



FILED

03 MAR 17 PM 1:20

Principal Place of Business
260 LONG RIDGE ROAD
P.O. BOX 8109
STAMFORD CT 06927

Mailing Address
260 LONG RIDGE ROAD
P.O. BOX 8109
STAMFORD CT 06927



2. Principal Place of Business

120 Long Ridge Rd
Suite, Apt. #, etc.

3. Mailing Address

120 Long Ridge Rd
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-0253970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. 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

TITLE VPT
NAME CASSIDY, KATHRYN
STREET ADDRESS 201 HIGH RIDGE RD
CITY-ST-ZIP STAMFORD CT 06927 ☐ Delete

TITLE D
NAME JOHN J BOBER
STREET ADDRESS 120 LONG RIDGE RD, 3RD FL
CITY-ST-ZIP STAMFORD CT 06927 ☐ Delete

TITLE S
NAME WENDY E ORMOND
STREET ADDRESS 1600 SUMMER ST
CITY-ST-ZIP STAMFORD CT 06905 ☐ Delete

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

TITLE VP
NAME NANCY E BARTON
STREET ADDRESS 260 LONG RIDGE RD
CITY-ST-ZIP STAMFORD CT 06927 ☒ Delete

TITLE VP
NAME MICHAEL D FRAZIER
STREET ADDRESS 292 LONG RIDGE RD
CITY-ST-ZIP STAMFORD CT 06927 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS 400014451434
CITY-ST-ZIP 178 03/24/03--01003--017 **150.00 ☐ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS VP
CITY-ST-ZIP Brandon A. Blaylock
120 Long Ridge Rd
STAMFORD, CT 06927 ☒ Change ☐ Addition

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

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)