

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2001 91121 046 ***150.00

DOCUMENT # 830052

1. Entity Name

GE CAPITAL HEALTH CARE FINANCE, INC.

Principal Place of Business

**260 LONG RIDGE RD.
 STAMFORD CT 06927
 US**

Mailing Address

**269 LONG RIDGE RD.
 STAMFORD CT 06927
 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 **39-1148992**

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

**CT CORPORATION SYSTEM
 1200 S. 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SEDLMEIER, MARK 1824 WHITE PINES TRAIL RICHFIELD WI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHMIDT, JANINE R 629 MAPLE STREET WEST BEND WI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PETER D. ZIEGLER 4363 STONEY LANE SLINGER WI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAN HORN, LYNN R. W72 N1001 HARRISON AVE. CEDARBURG WI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VANVOOREN, VERNON C 1322 HAWTHORNE DR W BEND, WI 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT VREDENBREGT, JEFF C. 2826 W GRACE AVENUE MEQUON WI	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-Taxer Donna Fiammetta 260 LONG RIDGE ROAD STAMFORD, CT 06927-9622	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

203-357-4544

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)