

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90034 040 ***150.00

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1. Entity Name
GE CAPITAL INFORMATION TECHNOLOGY SOLUTIONS,
INC.



Principal Place of Business
10 RIVERFRONT PLACE
DANBURY, CT 06810

Mailing Address
10 RIVERVIEW DRIVE
DANBURY, CT 06810

40015711

2. Principal Place of Business
10 Riverview Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102005

Chg-P

CR2E034 (10/03)

City & State
Danbury, CT

City & State

4. FEI Number
94-1686094

Applied For
Not Applicable

Zip
06810

Country
US

Zip

Country

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. 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HENSON, DANIEL
STREET ADDRESS 10 RIVERVIEW DR
CITY-ST-ZIP DANBURY, CT 06810

TITLE TD ☒ Delete
NAME ZAKRZEWSKI, MATTHEW
STREET ADDRESS 10 RIVERVIEW DR
CITY-ST-ZIP DANBURY, CT 06810

TITLE SD ☐ Delete
NAME FONG, IVAN
STREET ADDRESS 10 RIVERVIEW DR
CITY-ST-ZIP DANBURY, CT 06810

TITLE VP ☐ Delete
NAME STEWART, MARY
STREET ADDRESS 10 RIVERVIEW DR
CITY-ST-ZIP DANBURY, CT 06810

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
NAME Daniel Colao
STREET ADDRESS 10 Riverview Dr.
CITY-ST-ZIP Danbury CT 06810

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/05

(203) 749-6000