

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-14-2002 90449 023 \*\*\*150.00

**DOCUMENT # 840925**

1. Entity Name

**GENERAL ELECTRIC CREDIT CORPORATION OF DELAWARE**

Principal Place of Business

**260 LONG RIDGE RD  
 PO BOX 8109  
 STAMFORD CT 06927**

Mailing Address

**260 LONG RIDGE RD  
 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

**13-2797119**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

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.

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

TITLE	VPT	<input type="checkbox"/> Delete
NAME	HYDE, JEFFREY L	
STREET ADDRESS	280 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, JOHN J	
STREET ADDRESS	1600 SUMMER STREET	
CITY-ST-ZIP	STAMFORD CT	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEWIS, ROBERT L	
STREET ADDRESS	260 LONG RIDGE RD	
CITY-ST-ZIP	STAMFORD, CONN 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	ORMOND, WENDY S.	
STREET ADDRESS	1600 SUMMER STREET	
CITY-ST-ZIP	STAMFORD, CONN 00000	
TITLE	VPC	<input checked="" type="checkbox"/> Delete
NAME	SANTORO, EDWARD J.	
STREET ADDRESS	777 LONG RIDGE RD	
CITY-ST-ZIP	STAMFORD, CONN 00000	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	WERNER, JEFFREY	
STREET ADDRESS	777 LONG RIDGE RD	
CITY-ST-ZIP	STAMFORD, CONN 00000	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Fiammetta	
STREET ADDRESS	777 Long Ridge Rd	
CITY-ST-ZIP	Stamford CT 06927	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP-Finance / Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ricardo B. Silva	
STREET ADDRESS	120 Long Ridge Rd	
CITY-ST-ZIP	Stamford CT 06927	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathleen Cassidy	
STREET ADDRESS	201 Long Ridge Rd	
CITY-ST-ZIP	Stamford CT 06927	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DONNA M. FIAMMETTA**

Date

Daytime Phone #

**203-357-4544**

CR2E034 (9/01)