

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0615218 AT

DOCUMENT # 840925

1. Entity Name
GENERAL ELECTRIC CREDIT CORPORATION OF DELAWARE



FILED

03 MAR 17 PM 1:24

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

CLERK OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

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

3. Mailing Address

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

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 13-2797119

Applied For
Not Applicable

Zip

Country

Zip

Country

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

300014451443

03/24/03--01003--018 **150.00

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 NAME STREET ADDRESS CITY-ST-ZIP	VPT HYDE, JEFFREY L 260 LONG RIDGE RD. STAMFORD CT	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, JOHN J 1600 SUMMER STREET STAMFORD CT	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, ROBERT L. 260 LONG RIDGE RD STAMFORD, CONN 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORMOND, WENDY S. 1600 SUMMER STREET STAMFORD, CONN 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FIAMMETTIA, DONNA M 777 LONG RIDGE RD STAMFORD CT 06927	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPFT SILVA, RICARDO 120 LONG RIDGE RD. STAMFORD CT 06927	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T Kathryn A. Cassidy 120 Long Ridge Rd Stamford, CT 06927	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director D/VPF John Bober 120 Long Ridge Rd Stamford, CT 06927	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 120 Long Ridge Rd Stamford, CT 06927	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 Wendy E. Ormond 120 Long Ridge Rd Stamford, CT 06927	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Anne Kennelly Kratky 120 Long Ridge Rd Stamford, CT 06927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Kathleen L. Matthews 120 Long Ridge Rd Stamford, CT 06927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 I am empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-03 203/357-6567

Date

Daytime Phone #

CR2E034 (10/02)