

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 843016

1. Entity Name  
GE CAPITAL INSURANCE AGENCY, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
05-03-2001 91136 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-0964298**

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

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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 \_\_\_\_\_ (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 **DP** ☐ Delete  
NAME **METCALF, MARC G**  
STREET ADDRESS **1600 SUMMER ST**  
CITY-ST-ZIP **STAMFORD CT**

TITLE **Asst Treas - TAX** ☐ Change ☒ Addition  
NAME **Donn Amato**  
STREET ADDRESS **260 LONG RIDGE ROAD**  
CITY-ST-ZIP **STAMFORD, CT 06927-9622**

TITLE **AS** ☐ Delete  
NAME **GOOD, DAVID**  
STREET ADDRESS **1600 SUMMER STREET**  
CITY-ST-ZIP **STAMFORD CT**

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

TITLE **VPT** ☐ Delete  
NAME **HYDE, JEFFREY L**  
STREET ADDRESS **260 LONG RIDGE RD.**  
CITY-ST-ZIP **STAMFORD CT**

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

TITLE **DCOB** ☐ Delete  
NAME **AGANS, ROBERT M**  
STREET ADDRESS **260 LONG RIDGE ROAD.**  
CITY-ST-ZIP **STAMFORD CT**

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

TITLE **DVP** ☐ Delete  
NAME **HAMPTON, ROSE A**  
STREET ADDRESS **1600 SUMMER STREET.**  
CITY-ST-ZIP **STAMFORD CT**

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

TITLE **VP** ☐ Delete  
NAME **ADAMS, JEFF J.**  
STREET ADDRESS **ONE CAPITAL DRIVE**  
CITY-ST-ZIP **EDEN PRAIRIE MN**

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

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

**JOHN AMATO**

Date

Daytime Phone #

**203-357-4544**

CR2E034 (10/00)