

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 93647 002 ***550.00

DOCUMENT # 843016

1. Entity Name
GE CAPITAL INSURANCE AGENCY, INC.

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1201 N. ORANGE ST
 Suite, Apt. #, etc.
 SUITE 7802**

3. Mailing Address

**1201 N. ORANGE ST
 Suite, Apt. #, etc.
 SUITE 7802**

City & State

WILMINGTON, DE

City & State

WILMINGTON, DE

Zip

19801

Country

USA

Zip

19801

Country

USA

4. FEI Number

06-0964298

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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	METCALF, MARC G	1600 SUMMER ST	STAMFORD CT	<input checked="" type="checkbox"/>
AS	GOOD, DAVID	1600 SUMMER STREET	STAMFORD CT	<input checked="" type="checkbox"/>
VPT	HYDE, JEFFREY L	260 LONG RIDGE RD.	STAMFORD CT	<input type="checkbox"/>
DCOB	AGANS, ROBERT M	260 LONG RIDGE ROAD.	STAMFORD CT	<input checked="" type="checkbox"/>
DVP	HAMPTON, ROSE A	1600 SUMMER STREET.	STAMFORD CT	<input checked="" type="checkbox"/>
VP	ADAMS, JEFF J.	ONE CAPITAL DRIVE	EDEN PRAIRIE MN	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	JOHN W. PENNINGTON	1201 N. ORANGE ST	WILMINGTON, DE 19801	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DS	GLENN L. JOPPA	200 N. MARTINGALE ROAD	SCHAUMBURG, IL 60173	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DT	GARY T. PRIZZIA	6620 WEST BROAD ST	RICHMOND, VA 23230	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	JOHN C. RICHERT	200 N. MARTINGALE ROAD	SCHAUMBURG, IL 60173	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	MICHAEL T. ROONEY	200 N. MARTINGALE ROAD	SCHAUMBURG, IL 60173	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	DONNA M. FIAMMETTA	777 LONG RIDGE ROAD	STAMFORD, CT 06927	<input type="checkbox"/>	<input type="checkbox"/>

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 W. PENNINGTON

Date

Daytime Phone #

4-30-02 302-884-6724

CR2E034 (9/01)