

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90017 027 ***150.00

DOCUMENT # 855861

1. Corporation Name

GE CAPITAL SMALL BUSINESS FINANCE CORPORATION

Principal Place of Business

645 MARYVILLE CENTER DR
SUITE 700
ST. LOUIS MO 63131
US

Mailing Address

DEPT. 8109
260 LONG RIDGE RD.
STAMFORD CT 06927-9621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1983

4. FEI Number

36-3088098

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☐ DELETE
NAME CULP, W. STEVEN
STREET ADDRESS 715 FORSHEER CT
CITY-ST-ZIP BALLWIN MO

1.1 TITLE ASST TREASURER - TAXES ☐ Change ☒ Addition
1.2 NAME JOHN AMATO
1.3 STREET ADDRESS 260 LONG RIDGE RD
1.4 CITY-ST-ZIP STAMFORD, CT 06927

P ☐ DELETE
NAME FERARO, ANTHONY J
STREET ADDRESS 9829 COLORADO CIR
CITY-ST-ZIP BLOOMINGTON MN

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

CD ☐ DELETE
NAME LESKOVSKY, STEPHEN R
STREET ADDRESS 16730 KEHRS MILL EST DR
CITY-ST-ZIP CHESTERFIELD MO

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

S ☐ DELETE
NAME WILSON, BETTY M.
STREET ADDRESS #1 COWGIRL LANE
CITY-ST-ZIP COLLINSVILLE IL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

V ☐ DELETE
NAME STIFFLER, THOMAS P
STREET ADDRESS 18 OAK BLUFF
CITY-ST-ZIP LAKE ST LOUIS MO

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

V ☐ DELETE
NAME PAYNE, TERENCE L.
STREET ADDRESS 1415 WEATHERBY
CITY-ST-ZIP CREVE COEUR MO

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
John Amato 4.28.99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

203-357-4544

Daytime Phone #

CR2E034 (1/98)