

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 855861

1. Entity Name

GE CAPITAL SMALL BUSINESS FINANCE CORPORATION

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90245 004 ***150.00

Principal Place of Business

Mailing Address

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

DEPT. 8109
260 LONG RIDGE RD.
STAMFORD CT 06927-1600

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

36-3088098

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE 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

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, 2000 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	T	<input type="checkbox"/> Delete
NAME	CULP, W. STEVEN	
STREET ADDRESS	715 FORSHEER CT	
CITY-ST-ZIP	BALLWIN MO	
TITLE	P	<input type="checkbox"/> Delete
NAME	FERARO, ANTHONY J	
STREET ADDRESS	9829 COLORADO CIR	
CITY-ST-ZIP	BLOOMINGTON MN	
TITLE	CD	<input type="checkbox"/> Delete
NAME	LESKOVSKY, STEPHEN R	
STREET ADDRESS	16730 KEHRS MILL EST DR	
CITY-ST-ZIP	CHESTERFIELD MO	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILSON, BETTY M.	
STREET ADDRESS	#1 COWGIRL LANE	
CITY-ST-ZIP	COLLINSVILLE IL	
TITLE	V	<input type="checkbox"/> Delete
NAME	STIFFLER, THOMAS P	
STREET ADDRESS	18 OAK BLUFF	
CITY-ST-ZIP	LAKE ST LOUIS MO	
TITLE	V	<input type="checkbox"/> Delete
NAME	PAYNE, TERENCE L.	
STREET ADDRESS	1415 WEATHERBY	
CITY-ST-ZIP	CREVE COEUR MO	

TITLE	Asst Treas - Taxer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Amato	
STREET ADDRESS	777 Long Ridge Rd	
CITY-ST-ZIP	Stamford CT 06920	
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		<input type="checkbox"/> Change <input type="checkbox"/> 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 on Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN AMATO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)