

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F00000006498

1. Entity Name
GESF STRUCTURED FINANCE (AMERICAS) INC.



NOV 29 10:02
04 DEC -2 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
120 LONG RIDGE ROAD
STAMFORD, CT 06927

Mailing Address
120 LONG RIDGE ROAD
STAMFORD, CT 06927

2. Principal Place of Business
3000 Lakeside Drive
Suite, Apt. #, etc.
Suite 200N
City & State
Bannockburn, IL
Zip
60015
Country
USA

3. Mailing Address
3000 Lakeside Drive
Suite, Apt. #, etc.
Suite 200N
City & State
Bannockburn, IL
Zip
60015
Country
USA



REINSTATEMENT
10272004
FEE Number
06-1161530
Applied For
Not Applied

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.

SIGNATURE *[Signature]* JAMES A. BORDONARO
ASSISTANT SECRETARY
(NOTE: Registered Agent signature required when reinstating)
DATE 11/24/04

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATSUMOTO, GLEN T 120 LONG RIDGE ROAD STAMFORD, CT 06927 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President Steven J. Toeniskoetter 3000 Lakeside Drive, Suite 200N Bannockburn, IL 60015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SILVA, RICARDO S 120 LONG RIDGE ROAD STAMFORD, CT 06927 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mark K. Mayo Treasurer/Director 3000 Lakeside Drive, Suite 200N Bannockburn, IL 60015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORMOND, WENDY E 120 LONG RIDGE ROAD STAMFORD, CT 06927 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sara Lee Keller 3000 Lakeside Drive Bannockburn, IL 60015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOBER, JOHN 120 LONG RIDGE ROAD STAMFORD, CT 06927 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phillip H. Clark Vice President 3000 Lakeside Drive, Suite 200N Bannockburn, IL 60015 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, RONALD K 120 LONG RIDGE ROAD STAMFORD, CT 06927 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300042611753 11/09/04--01089--023 **750.00 <input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MATHEWS, KATHLEEN L 120 LONG RIDGE ROAD STAMFORD, CT 06927 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Sara Lee Keller 11.1.04 847.81
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone # 283-6264