

AMENDED

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10-03-2002 90050 014 ***61.25
F01000002571

DOCUMENT # F01000002571

1. Entity Name

GE Capital Franchise Finance Corporation

02 OCT -7 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

981537

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17207 N. Perimeter Dr

Suite, Apt. #, etc.

3. Mailing Address

ATTN: A. Caparros

Suite, Apt. #, etc.

17207 N. Perimeter Dr.

DO NOT WRITE IN THIS SPACE

City & State
Scottsdale, AZ

City & State
Scottsdale, AZ

4. FEI Number

06-1462733

Applied For

Not Applicable

Zip
85255

Country
USA

Zip
85255

Country
usa

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name C-T Corporation System

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

1200 South Pine Island Rd

City
Plantation

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

See Attached

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Barravecchia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John Barravecchia, CEO

480.585.4500

Daytime Phone #

CR2E034B (12/01)

