2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F94000001185

FILED Apr 30, 2003 Secretary of State

Entity Name: GE CAPITAL INFORMATION TECHNOLOGY SOLUTIONS-NORTH AMERICA, INC.

Current Pr	incipal Place o	New Princ	New Principal Place of Business:				
ATTEN:DEBORAH BUTLER ONE RIVERFRONT PLACE NEWPORTH, KY 41071				ATTEN:DEBORAH BUTLER 1101 PACIFIC AVENUE ERLANGER, KY 41018			
Current Ma	ailing Address	New Maili	New Mailing Address:				
ONE RIVER	BORAH BUTLE RFRONT PLAC TH, KY 41071	1101 PACI	ATTEN:DEBORAH BUTLER 1101 PACIFIC AVENUE ERLANGER, KY 41018				
FEI Number: 41-0997685 FEI Number Applied For () FEI Num			umber Not Appl	nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US 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:							
Electronic Signature of Registered Agent						Date	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS					CICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () E DODDS, RANDY ONE RIVERFROI NEWPORT, KY		Title: Name: Address: City-St-Zip:	PD (X BUCCI, JOHN 1101 PACIFIC ERLANGER, K	AVENUE	() Addition	
Title: Name: Address: City-St-Zip:	T () [COLLINS, RONA ONE RIVERFROI NEWPORT, KY	NT PLACE	Title: Name: Address: City-St-Zip:	T (X COLLINS, RON 1108 PACIFIC ERLANGER, K	NALD G AVENUE	() Addition	
Title: Name: Address: City-St-Zip:	S ()E TUCKER, MICHA ONE RIVERFROI NEWPORT, KY	NT	Title: Name: Address: City-St-Zip:	S (X SANDERS, CL 1108 PACIFIC ERLANGER, K	AYTON R J AVENUE	()Addition JR.	
Title: Name: Address: City-St-Zip:	AS () EFIAMMETTA, DO 777 LONG RIDG STAMFORD, CT	E RD	Title: Name: Address: City-St-Zip:	() Change(() Addition	
Title: Name: Address: City-St-Zip:	AS () E AMATO, JOHN 777 LONG RIDG STAMFORD, CT		Title: Name: Address: City-St-Zip:	() Change(() Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	AS (BUTLER, DEB 1101 PACIFIC ERLANGER, K	ORAH AVENUE	(X) Addition	
I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.							

SIGNATURE: DEBORAH BUTLER AS 04/30/2003