

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003056

1. Entity Name

GE CAPITAL AVIATION SERVICES, INC.

Principal Place of Business

201 HIGH RIDGE ROAD
STAMFORD CT 06927

Mailing Address

201 HIGH RIDGE ROAD
STAMFORD CT 06927

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

06-1380412

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

C T CORPORATION SYSTEM
1200 SOUTH 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 ☐ Delete
NAME PD
STREET ADDRESS HUBSCHMAN, HENRY A
CITY-ST-ZIP 201 HIGH RIDGE ROAD
STAMFORD CT 06927-4900

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS PARKE, JAMES A
CITY-ST-ZIP 260 LONG RIDGE ROAD
STAMFORD CT 06927

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS BARTON, NANCY E
CITY-ST-ZIP 260 LONG RIDGE ROAD
STAMFORD CT 06927

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS MEICHES, MARC A
CITY-ST-ZIP 201 HIGH RIDGE ROAD
STAMFORD CT 06927

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME S
STREET ADDRESS MCELHINNEY, PAUL
CITY-ST-ZIP 201 HIGH RIDGE ROAD
STAMFORD CT 06927

TITLE ☒ Change ☐ Addition
NAME S
STREET ADDRESS Meyer, Charles
CITY-ST-ZIP 201 High Ridge Road
Stamford, CT 06927

TITLE ☐ Delete
NAME V
STREET ADDRESS LIU, NORMAN
CITY-ST-ZIP 201 HIGH RIDGE ROAD
STAMFORD CT 06927

TITLE ☐ Change ☐ 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marc A. Meiches Marc A. Meiches, Treasurer 4/28/00 203-961-2810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)