

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003056

1. Entity Name

GE CAPITAL AVIATION SERVICES, INC.

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 91121 007 \*\*\*150.00

Principal Place of Business

Mailing Address

201 HIGH RIDGE ROAD  
STAMFORD CT 06927

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, 2001 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 PD  
NAME HUBSCHMAN, HENRY A  
STREET ADDRESS 201 HIGH RIDGE ROAD  
CITY-ST-ZIP STAMFORD CT 06927-4900 ☐ Delete

TITLE VP-Treas  
NAME Donna Fiammetta  
STREET ADDRESS 260 LONG RIDGE ROAD  
CITY-ST-ZIP STAMFORD, CT 06927-9622 ☐ Change ☒ Addition

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

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

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

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

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

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

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

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

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

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

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:

DONNA M. FIAMMETTA

203-357-4544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)