

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005938

1. Entity Name

GFSC AIRCRAFT ACQUISITION FINANCING CORPORATION

Principal Place of Business

500 GULFSTREAM ROAD
SAVANNAH GA 31402-2206

Mailing Address

500 GULFSTREAM ROAD
SAVANNAH GA 31402-2206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Mailing Address:

Tax Department, 8th Floor

City & State

PO Box 3038

Boca Raton, FL 33431-0938

Zip

Country

DO NOT WRITE IN THIS SPACE

FBI Number 51-0371057

Applied For

Not Applicable

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 RD.
PLANTATION FL 33324

Name

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

800004616838-7

-10/01/01--01010--010

City

****750.00 FL ****750.00

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D	<input checked="" type="checkbox"/> Delete
NAME	O'GRADY, WILLIAM M	
STREET ADDRESS	650 CIT DRIVE	
CITY-ST-ZIP	LIVINGSTON NJ 07039	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MERRITT, ROBERT J	
STREET ADDRESS	650 CIT DRIVE	
CITY-ST-ZIP	LIVINGSTON NJ 07039	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEONE, JOSEPH M	
STREET ADDRESS	650 CIT DRIVE	
CITY-ST-ZIP	LIVINGSTON NJ 07039	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'ROURKE, THOMAS J	
STREET ADDRESS	650 CIT DRIVE	
CITY-ST-ZIP	LIVINGSTON NJ 07039	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	BURR, JOHN D	
STREET ADDRESS	1540 W FOUNTAINHEAD PKW	
CITY-ST-ZIP	TEMPE AZ 85282	
TITLE	AIF	<input checked="" type="checkbox"/> Delete
NAME	KANE, EDWARD J	
STREET ADDRESS	650 CIT DRIVE	
CITY-ST-ZIP	LIVINGSTON NJ 07039	

TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Swartz	
STREET ADDRESS	One Tyco Park	
CITY-ST-ZIP	Exeter, NH 03833	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brad McGee	
STREET ADDRESS	One Tyco Park	
CITY-ST-ZIP	Exeter, NH 03833	
TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albert Gamper, Jr.	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston, NJ 07039	
TITLE	VP JAT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Stevenson	
STREET ADDRESS	One Town Center Road	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael A. Robinson	
STREET ADDRESS	One Town Center Road	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eric Mandelbaum	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston, NJ 07039	

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Scott Stevenson
Vice President/Asst. Treasurer

9/17/01

(561) 988-7200

APPROVED
AND
FILED

01 SEP 25 AM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2E034 (5/01)