

2001 UNIFORM BUSINESS REPORT (UBR)

0026463 AF

DOCUMENT # M98000000013

1. Entity Name
WATCH HOLDINGS, LLC

FILED

01 MAY -1 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
C/O GENERAL ELECTRIC CAPITAL CORPORATION C/O GENERAL ELECTRIC CAPITAL CORPORATION
292 LONG RIDGE ROAD 292 LONG RIDGE ROAD
STAMFORD CT 06927 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

DO NOT WRITE IN THIS SPACE

FILED

4. FEI Number 06-1475766 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.
FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
500004274835--5
-05/21/01--01183--015
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GENERAL ELECTRIC CAPITAL CORPORATION 292 LONG RIDGE ROAD STAMFORD CT 06927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* 4-29-2001 203-357-4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)