

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90449 011 ***150.00

0572324
 AT

DOCUMENT # P08896

1. Entity Name
GE CAPITAL PUBLIC FINANCE, INC.

Principal Place of Business

**DEPT 8109
 260 LONG RIDGE RD
 STAMFORD CT 06927-1600**

Mailing Address

**DEPT 8109
 260 LONG RIDGE RD
 STAMFORD CT 06927-1600**

658890



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-1527085

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	FANELLI, THOMAS F	
STREET ADDRESS	44 OLD RIDGEBURY	
CITY-ST-ZIP	DANBURY CT 06810	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, J. GORDON	
STREET ADDRESS	44 OLD RIDGEBURY	
CITY-ST-ZIP	DANBURY CT 06810	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JEFFREY	
STREET ADDRESS	44 OLD RIDGEBURY	
CITY-ST-ZIP	DANBURY CT 06810	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REVELLE, WILLIAM C	
STREET ADDRESS	44 OLD RIDGEBURY	
CITY-ST-ZIP	DANBURY CT 06810	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TRENCH, JOSEPH J	
STREET ADDRESS	44 OLD RIDGEBURY	
CITY-ST-ZIP	DANBURY CT 06810	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MEEHAN, MICHAEL A	
STREET ADDRESS	44 OLD RIDGEBURY	
CITY-ST-ZIP	DANBURY CT 06810	

TITLE	President / CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deborah m Frodl	
STREET ADDRESS	8400 Normandale	
CITY-ST-ZIP	Minn MN 55437	
TITLE	Asst Treas - Taxes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Amato	
STREET ADDRESS	260 Long Ridge Rd	
CITY-ST-ZIP	Stamford CT 06920	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joanne L. Manthe	
STREET ADDRESS	3 Capital Drive	
CITY-ST-ZIP	Eden Prairie MN 55344	

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:

JOHN AMATO

4-29-2002

203-357-4544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)