2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 91121 017 ***150.00

DOCUMENT # P12283

1. Entity Name
GENERAL ELECTRIC REAL ESTATE CREDIT CORPORATION

Principal Place of Business	Mailing Address
260 LONG RIDGE RD. P.O.BOX 8109 STAMFORD CT 06927	DEPT. 8109 260 LONG RIDGE RD. STAMFORD FL 06927-9621

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

4. FEI Number 13-2771827 — 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
CT CORPORATION SYSTEM 1200 S. 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	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SANTORO, EDWARD J	NAME	
STREET ADDRESS	260 LONG RIDGE RD.	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06927-9622	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KLOSTER, EDWARD J	NAME	
STREET ADDRESS	260 LONG RIDGE ROAD	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WERNER, B J JR	NAME	
STREET ADDRESS	777 LONG RIDGE ROAD	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WENDT, GARY C	NAME	
STREET ADDRESS	260 LONG RIDGE RD	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	CITY-ST-ZIP	
TITLE	V ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	~~HYDE, JEFFREY~~ L	NAME	Donna Fiammetta
STREET ADDRESS	260 LONG RIDGE RD	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06927	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ DONNA M. FIAMMETTA 4-27-2001 203-357-4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)