

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-14-2002 90449 012 ***150.00

DOCUMENT # P12283

1. Entity Name
GENERAL ELECTRIC REAL ESTATE CREDIT CORPORATION

Principal Place of Business

**260 LONG RIDGE RD.
P.O. BOX 8109
STAMFORD CT 06927**

Mailing Address

**DEPT. 8109
260 LONG RIDGE RD.
STAMFORD FL 06927-9621**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

**CT CORPORATION SYSTEM
1200 S. 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

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

TITLE **V** ☐ Delete
NAME **SANTORO, EDWARD J**
STREET ADDRESS **260 LONG RIDGE RD.**
CITY-ST-ZIP **STAMFORD CT 06927-9622**

TITLE **S** ☒ Delete
NAME **KLOSTER, EDWARD J**
STREET ADDRESS **260 LONG RIDGE ROAD**
CITY-ST-ZIP **STAMFORD CT**

TITLE **T** ☒ Delete
NAME **WERNER, B J JR**
STREET ADDRESS **777 LONG RIDGE ROAD**
CITY-ST-ZIP **STAMFORD CT**

TITLE **D** ☒ Delete
NAME **WENDT, GARY C**
STREET ADDRESS **260 LONG RIDGE RD**
CITY-ST-ZIP **STAMFORD CT**

TITLE **V** ☒ Delete
NAME **FIAMMETTA, DONNA**
STREET ADDRESS **260 LONG RIDGE RD**
CITY-ST-ZIP **STAMFORD CT 06927**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President/Director** ☒ Change ☐ Addition
NAME **Denis Hayden**
STREET ADDRESS **260 Long Ridge Rd**
CITY-ST-ZIP **Stamford CT 06927**

TITLE **Secretary/Director/GC** ☒ Change ☐ Addition
NAME **Nancy Barton**
STREET ADDRESS **260 Long Ridge Rd**
CITY-ST-ZIP **Stamford CT 06927**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Kathryn Cassidy**
STREET ADDRESS **201 Long Ridge Road**
CITY-ST-ZIP **Stamford CT 06927**

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

TITLE **Asst Treas** ☒ Change ☐ Addition
NAME **John Amato**
STREET ADDRESS **777 Long Ridge Rd**
CITY-ST-ZIP **Stamford CT 06927**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

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)