

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Fax Number

Phone : (850)222-1092 : (850)878-5926

REGISTERED AGENT CHANGE

ERRILL LYNCH BUSINESS FINANCIAL SERVICES INC.

Certificate of Status	0
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Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes inge is submitted for a corporation organized under the laws of the State of <u>Detawa</u> r to change its registered office or registered agent, or both, in the State of Florida.	r¢	-	
1. The name of t	he corporation: GE Business Financial Services Inc.			_
	office address: 222 N. LaSalle Street, Chicago (L 60601			
3. The mailing a	ddress (if different):			_
4. Date of incorp	poration/qualification: 8/31/1987 Document number: F15767			_
	street address of the current registered agent and registered office on file with the truent of State:	المام ال المام المام ال	08	
	The Prentice-Hall Corporation System, Inc.	2 m	APR	
	1201 Hays Street, Ste 105	ETAR	₹-2	
	Taliahassee FL 32301	¥ 0F		-
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	F STATE .	AM 10: 31	į
	C T Corporation System	- 1 · 1	•	
	c/o C T Corporation System, 1200 South Pine Island Road			
	(P.O. Box NOT acceptable)			
	Plantation, Florida 33324			
	ss of its registered office and the street address of the business office of its regist be identical.		ıt,	
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer to board, or the corporation has been notified in writing of the change.	' SD		
- II (James C. Lugari Vice (rince or types again shalling)		lent	
f hereby accept if further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and complete pd [am familiar with and accept the obligation of my position as registered agent	erformar . Or if i rm that t	ice his he	
s any	C.T. Corporation System		_	
if signing on the	har of an entity:			
708	youd of Printed Name)		•	
. (1	* * * FILING FEE: 535.00 * * *			
M/	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314			

FL064 - 19V14/2005 C T System (Inting

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