2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003
Secretary of State

DOCUMENT# P18548

Entity Name: GELCO EQUIPMENT LEASING COMPANY OF DELAWARE

Current Principal Place of Business:

260 LONG RIDGE ROAD
P.O. BOX 8109
STAMFORD, CT 06927

New Principal Place of Business:

Current Mailing Address:

DEPT. 8109
260 LONG RIDGE RD.
STAMFORD, CT 069279621

New Mailing Address:

44 OLD RIDGEBURY ROAD
LINDA ZECHER
DANBURY, CT 06810

FEI Number: 41-1600163 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: FANELLI, THOMAS,
Address: 44 OLD RIDGEBURY ROAD
City-St-Zip: DANBURY, CT

Title: S ( ) Delete
Name: THOMAS, KELLY S.,
Address: 44 OLD RIDGEBURY ROAD
City-St-Zip: DANBURY, CT

Title: PD ( ) Delete
Name: NEAL, MICHAEL A.,
Address: 3303 STAMFORD SQUARE
City-St-Zip: STAMFORD, CT

Title: VPT ( ) Delete
Name: FIAMMETTO, DONNA
Address: 260 LONG RIDGE RD.
City-St-Zip: STAMFORD, CT

Title: T ( ) Delete
Name: CASSIDY, KATHRYN
Address: 201 LONG RIDGE RD
City-St-Zip: STANDFORD, CT 0692

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS FANELLI VD 01/27/2003

Electronic Signature of Signing Officer or Director — Date