'FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

800 HART RD.

BARRINGTON IL

1000 HART RD

BARRINGTON IL

600 HART RD.

HYDE, JEFFERY L

STAMFORD CT

260 LONG RIDGE RD.

PRALLE, MICHAEL E.

1000 HART ROAD

DERICKSON, SANDRA L.

BARRINGTON IL 60010

EGNA, STEVEN M.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TITL€

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1998 8:00am

Secretary of State

Addition

Addition

___ Addition

___ Addition

Change

Change

☐ Change

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P22241

(4)

GENERAL ELECTRIC CAPITAL COMMERCIAL AUTOMOTIVE FINANCE, INC.

INANCE, INC.											
Principal Place of Business Mailing Address											
1000 HART RD DEPT 8109 SEQ LONG RIDGE RD. US STAMFORD CT 06927-5				621		3	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/22/1988				
2. Principal F	Place of Business	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	- 4	. FEI Number	 -	ΠΔ,	optied For	
21		26			`	94-3054231		 +	ot Applicable		
Sulte, Apt	. #, e tc.	Suile, Apt. #, etc.			5	Certificate of Status Desired	J '	\$8.75	Additional equired		
City & Sta	te	City & State				6	, Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 24	Country 25	29 30			Country		8. This corporation owes or has paid the current year Intandible Personal Property Tax due June 30. Yes You				
<u> </u>	9, Name and Address of Cur	rent Hegistered Agent		81	Name	10). Name and Address of New Regis	tered Age	ent		
12	C T CORPORATION SYSTEM 1200 S OUTH PINE ISLAND ROAD PLAN T ATION FL 33324			82 Street Address (P.O. Box Number is Not Acceptable) 83							
				84	City			FL	85 Zip (Code	
office or agent. I a	to the provisions of Sections 607.6 registered agont, or both, in the Stam familiar with, and accept the of	ate of Florida. Such change v	vas authoriz	red by	the corpora	rporation's	on submits this statement for the purp board of directors. I hereby accept the	ose of ch	langing it	s registered registered	
SIGNATURE	Signature, typed or printed name of regetimed	accost and title if applicable	(NOTE: Registe	red Ago	rit signature req	uired whe	en reinstaling)	DATE			
12.	OF ICERS AND DIRECTORS 1:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN					IS IN 12		
TITLE	PD	DELETE	11	1 1 TITLE		اککا ا	TROBS TAXIL		Change	Addition	
NAME	BOLGER, JAMES J.		. 12	NAME						•	
STREET ADDRESS			3 STREET ADDRESS		กกไ	y 5.5Chulmian					
CITY-ST-ZIP	BARRINGTON IL			DITY-S	I-ZIP	2170	moon (10693)				
TITLE	8	☐ DELE TE	21	TITLE					Change	Addition	
NAME	GRABER, SARAH J.		2.2	NAME							

CITY-ST-ZIP

14. 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 annual report or suppliemental annual 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 operation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

23 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CHY- ST- 7IP

4.4 CITY - \$1 - ZIP

3.4. CITY-S1-ZIP

2.4 CITY-ST-ZIP

31 THLE

3.2 NAME

4.1 1111€

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

Hallo A Michigan Hanga Base

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DELETE

DELETE