

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90329 030 ***150.00

DOCUMENT # P22241

1. Entity Name

GENERAL ELECTRIC CAPITAL COMMERCIAL AUTOMOTIVE FINANCE, INC.

Principal Place of Business

**1000 HART RD
 BARRINGTON IL 60010
 US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Three Capital Drive PO Box 44817

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Eden Prairie, MN

City & State

Eden Prairie, MN

Zip

55344

Country

USA

Zip

55344

Country

USA

4. FEI Number

94-3054231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
 NAME **BOLGER, JAMES J.**
 STREET ADDRESS **1000 HART RD.**
 CITY-ST-ZIP **BARRINGTON IL**

TITLE **SB** ☒ Change ☒ Addition
 NAME **Howard A Salk**
 STREET ADDRESS **540 W Northwest Highway**
 CITY-ST-ZIP **Barrington IL 60010**

TITLE **S** ☒ Delete
 NAME **GRABER, SARAH J.**
 STREET ADDRESS **600 HART RD.**
 CITY-ST-ZIP **BARRINGTON IL**

TITLE **PD** ☒ Change ☒ Addition
 NAME **Fred Masnato**
 STREET ADDRESS **540 W Northwest Highway**
 CITY-ST-ZIP **Barrington IL 60010**

TITLE **T** ☒ Delete
 NAME **EGNA, STEVEN M.**
 STREET ADDRESS **1000 HART RD**
 CITY-ST-ZIP **BARRINGTON IL**

TITLE **D** ☒ Change ☒ Addition
 NAME **Bradley J Trotter**
 STREET ADDRESS **540 W Northwest Highway**
 CITY-ST-ZIP **Barrington IL 60010**

TITLE **D** ☒ Delete
 NAME **DERICKSON, SANDRA L.**
 STREET ADDRESS **600 HART RD.**
 CITY-ST-ZIP **BARRINGTON IL 60010**

TITLE **T** ☒ Change ☒ Addition
 NAME **Kathy Cassidy**
 STREET ADDRESS **201 High Ridge Road**
 CITY-ST-ZIP **Stamford CT 06927**

TITLE **VPT** ☒ Delete
 NAME **HYDE, JEFFERY L**
 STREET ADDRESS **260 LONG RIDGE RD.**
 CITY-ST-ZIP **STAMFORD CT**

TITLE **Asst Treasurer** ☒ Change ☒ Addition
 NAME **Don Benke**
 STREET ADDRESS **Three Capital Drive**
 CITY-ST-ZIP **Eden Prairie, MN 55344**

TITLE **D** ☒ Delete
 NAME **PRALLE, MICHAEL E.**
 STREET ADDRESS **1000 HART ROAD**
 CITY-ST-ZIP **BARRINGTON IL**

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:

Don Benke
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 952-828-2989
 Date Daytime Phone #

CR2E034 (9/01)