2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2011
Secretary of State

DOCUMENT# P30090

Entity Name: GESF CREDIT INC.

Current Principal Place of Business:

800 LONG RIDGE ROAD
STAMFORD, CT 06927 US

New Principal Place of Business:

Current Mailing Address:

800 LONG RIDGE ROAD
ATTN: EFS LEGAL DEPT.
STAMFORD, CT 06927 US

New Mailing Address:

FEI Number: 13-3551282 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

OFFICERS AND DIRECTORS:

Title: P
Name: URQUHART, J. ALEX
Address: 800 LONG RIDGE RD
City-St-Zip: STAMFORD, CT 06927

Title: VP
Name: WARD, BRIAN P
Address: 800 LONG RIDGE RD
City-St-Zip: STAMFORD, CT 06927

Title: T
Name: CHADWICK, ANA
Address: 800 LONG RIDGE RD
City-St-Zip: STAMFORD, CT 06927

Title: D
Name: RICHARDS, TAMMY
Address: 800 LONG RIDGE RD
City-St-Zip: STAMFOD, CT 06927

Title: S
Name: HALAS, PAUL J
Address: 800 LONG RIDGE RD
City-St-Zip: STAMFORD, CT 06927

Title: AS
Name: FOWLER, LINDA
Address: 800 LONG RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927

I hereby 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 all other like empowered.

SIGNATURE: LINDA FOWLER AS 03/30/2011

Electronic Signature of Signing Officer or Director Date