

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30947

1. Entity Name

GE CAPITAL LOAN SERVICES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90266 016 ***150.00

Principal Place of Business

363 NORTH SAM HOUSTON PARKWAY EAST
SUITE 200
HOUSTON TX 77060-2424
US

Mailing Address

P.O. BOX 671568
HOUSTON TX 77267-1568
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **56-1713949**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 re-appointing)

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, 2001 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 **P** ☐ Delete
NAME **BEGGINS, JOSEPH F**
STREET ADDRESS **363 NORTH SAM HOUSTON PARKWAY E. SUITE 200**
CITY-ST-ZIP **HOUSTON TX 77060-2424**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **BAILEY, ROBERT W.**
STREET ADDRESS **363 NORTH SAM HOUSTON PKWY E STE 1200**
CITY-ST-ZIP **HOUSTON TX**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **HARMS, JEFFREY C**
STREET ADDRESS **363 N SAM HOUSTON PKWY E STE 1200**
CITY-ST-ZIP **HOUSTON TX**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **PRESSMAN, RONALD**
STREET ADDRESS **292 LONG RIDGE ROAD**
CITY-ST-ZIP **STAMFORD CT 06927**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
NAME **MICHAEL PRALLE**
STREET ADDRESS **292 LONG RIDGE ROAD**
CITY-ST-ZIP **STAMFORD, CT 06927**

TITLE **D** ☐ Delete
NAME **PFEIFFER, ROBERT**
STREET ADDRESS **292 LONG RIDGE ROAD**
CITY-ST-ZIP **STAMFORD CT 06927**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **HENRY, DAVE**
STREET ADDRESS **292 LONG RIDGE ROAD**
CITY-ST-ZIP **STAMFORD CT 06927**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph F. Beggins 4/19/2001 (281)405-7000
President & CEO Daytime Phone #

CR2E034 (10/00)