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Jun 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 817220 (7)
1. Corporation Name
GENERAL ELECTRIC CREDIT AND LEASING CORPORATION



Principal Place of Business: **280 LONG RIDGE ROAD PO BOX 8109 STAMFORD CT 06927**
Mailing Address: **260 LONG RIDGE ROAD PO BOX 8109 STAMFORD CT 06927**

3. Date Incorporated or Qualified: **07/22/1963**
4. FEI Number: **13-6139483**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, ROBERT L	1.2 NAME	Asst Treas - Taxes
STREET ADDRESS	1600 SUMMER STREET	1.3 STREET ADDRESS	Dona Hammetta
CITY-ST-ZIP	STAMFORD CT 06927	1.4 CITY-ST-ZIP	1111 Long Ridge Road Stamford CT 06927
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKER, WILLIAM E	2.2 NAME	
STREET ADDRESS	1600 SUMMER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06927	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRILL, DOUGLAS	3.2 NAME	
STREET ADDRESS	1600 SUMMER STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06927	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIE, EDWARD S	4.2 NAME	
STREET ADDRESS	1600 SUMMER STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06927	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAKIN, DONALD L	5.2 NAME	400002543554
STREET ADDRESS	1600 SUMMER STREET	5.3 STREET ADDRESS	-06/02/98--01017--043
CITY-ST-ZIP	STAMFORD CT 06927	5.4 CITY-ST-ZIP	***150.00
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, MOLLY S	6.2 NAME	
STREET ADDRESS	1600 SUMMER STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06927	6.4 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 supplemental 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4-27-98**

CR2E037 (10/97)