

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90017 016 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 817220

1. Corporation Name
GENERAL ELECTRIC CREDIT AND LEASING CORPORATION



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/22/1963	
4. FEI Number 13-6139483	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	LEWIS, ROBERT L	
STREET ADDRESS	1600 SUMMER STREET	
CITY-ST-ZIP	STAMFORD CT 06927	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BARKER, WILLIAM E	
STREET ADDRESS	1600 SUMMER STREET	
CITY-ST-ZIP	STAMFORD CT 06927	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRILL, DOUGLAS	
STREET ADDRESS	1600 SUMMER STREET	
CITY-ST-ZIP	STAMFORD CT 06927	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHRISTIE, EDWARD S	
STREET ADDRESS	1600 SUMMER STREET	
CITY-ST-ZIP	STAMFORD CT 06927	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	EAKIN, DONALD L	
STREET ADDRESS	1600 SUMMER STREET	
CITY-ST-ZIP	STAMFORD CT 06927	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FERGUSON, MOLLY S	
STREET ADDRESS	1600 SUMMER STREET	
CITY-ST-ZIP	STAMFORD CT 06927	

1.1 TITLE	ASST TREAS TAXES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN AMATO	
1.3 STREET ADDRESS	260 LONG RIDGE RD	
1.4 CITY-ST-ZIP	STAMFORD, CT 06927	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 JOHN AMATO 4/28/99

203-357-4544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)