

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

FILED
May 06 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **843839** (2)
1. Corporation Name:
GENERAL ELECTRIC CAPITAL AUTO FINANCIAL SERVICES, INC.



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|--|---|
| Principal Place of Business 600 HART RD PO BOX 8109 BARRINSTON IL 60010 US | Mailing Address DEPT. 8109 260 LONG RIDGE RD.IAMS STAMFORD CT 06827-1600 US |
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|---|--|
| 3. Date Incorporated or Qualified 08/02/1979 | 3a. Date of Last Report 04/14/1996 |
| 4. FEI Number 36-2774566 | Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Sure, Apt #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip Country | 28. Zip Country |
| 24. Zip Country | 29. Zip Country |
| 25. Zip Country | 30. Zip 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. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | |
| 84. City | 85. Zip Code |
| | FL |

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----------------------------|---|--|
| TITLE | V <input checked="" type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FIORE DOMINIC, A | 1.2 NAME NP-Taxer |
| STREET ADDRESS | 777 LONG RIDGE ROAD | 1.3 STREET ADDRESS Jeffrey L Hyde |
| CITY- ST- ZIP | STAMFORD CT | 1.4 CITY- ST- ZIP 260 Long Ridge Rd |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEWART, EDWARD D. | 2.2 NAME |
| STREET ADDRESS | 600 HART ROAD | 2.3 STREET ADDRESS |
| CITY- ST- ZIP | BARRINGTON IL | 2.4 CITY- ST- ZIP |
| TITLE | PD <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DERICKSON, SANDRA A. | 3.2 NAME |
| STREET ADDRESS | 600 HART ROAD | 3.3 STREET ADDRESS |
| CITY- ST- ZIP | BARRINGTON IL | 3.4 CITY- ST- ZIP |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WERNER, JEFFREY S. | 4.2 NAME |
| STREET ADDRESS | 777 LONG RIDGE ROAD | 4.3 STREET ADDRESS |
| CITY- ST- ZIP | STAMFORD CT | 4.4 CITY- ST- ZIP |
| TITLE | S <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRABER, S. J. | 5.2 NAME |
| STREET ADDRESS | 600 HART ROAD | 5.3 STREET ADDRESS |
| CITY- ST- ZIP | BARRINGTON IL | 5.4 CITY- ST- ZIP |
| TITLE | AT <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRENNAN, WILLIAM H. | 6.2 NAME |
| STREET ADDRESS | 777 LONG RIDGE ROAD | 6.3 STREET ADDRESS |
| CITY- ST- ZIP | STAMFORD CT 06927 | 6.4 CITY- ST- ZIP |

14. I do 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.

SIGNATURE: *Jeffrey L Hyde* 4-27-97 203-357-4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)