

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

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FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 844756 (7)

1. Corporation Name
GE AMERICAN COMMUNICATIONS, INC.



Principal Place of Business FOUR RESEARCH WAY PRINCETON NJ 08540	Mailing Address FOUR RESEARCH WAY PRINCETON NJ 08540-6618
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3. Date Incorporated or Qualified 12/05/1979	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 260 Long Ridge Rd Suite Apt #, etc. 22 Stamford CT City & State 23 Zip 06927 Country USA	2a. Mailing Address 26 260 Long Ridge Rd Suite Apt #, etc. 27 Attn Josephine Miller City & State 28 Stamford CT City & State 29 Zip 06927 Country USA
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4. FEI Number 13-2849985	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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
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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	CPD	1.1 TITLE	Asst Treas - Tax
NAME	CONNELLY, JOHN F	1.2 NAME	GARY J. SCHULMAN
STREET ADDRESS	4 RESEARCH WAY	1.3 STREET ADDRESS	260 Long Ridge Rd
CITY - ST - ZIP	PRINCETON NJ	1.4 CITY - ST - ZIP	Stamford, CT 06927
TITLE	VP	2.1 TITLE	
NAME	DI MARCO, JOHN, C	2.2 NAME	
STREET ADDRESS	12 ACADIA DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	VOORHEES NJ	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	
NAME	BRAUN, WALTER H.	3.2 NAME	
STREET ADDRESS	10 LANDING LANE, APT 3K	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW BRUNSWICK NJ	3.4 CITY - ST - ZIP	
TITLE	VS	4.1 TITLE	
NAME	OTERO, PHILIP V	4.2 NAME	
STREET ADDRESS	251 BAYARD LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PRINCETON NJ	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: GARY J. SCHULMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-97 203-357-4544
Date Daytime Phone #

0000365

CR2E034 (9/96)