

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

FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001185 (7)
 1. Corporation Name
GE CAPITAL INFORMATION TECHNOLOGY SOLUTIONS-NORTH AMERICA, INC.

Principal Place of Business 10200 51ST AVE N PLYMOUTH MN 55442	Mailing Address 10200 51ST AVE N PLYMOUTH MN 55442
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 03/09/1994	
4. FEI Number 41-0997685	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 owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT 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

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	CP	1.1 TITLE	President
NAME	MONYCH, PERRY	1.2 NAME	Steve Stringer
STREET ADDRESS	5121 WINNETKA	1.3 STREET ADDRESS	605 Waterford Pkwy, N Highway 169
CITY-ST-ZIP	MINNEAPOLIS MN	1.4 CITY-ST-ZIP	Minneapolis, MN 55441
TITLE	CV	2.1 TITLE	VP Finance
NAME	KUHAR, FRANKLIN	2.2 NAME	Matthew Zabjarski
STREET ADDRESS	10200 51ST AVE N	2.3 STREET ADDRESS	605 Waterford Pkwy, N Highway 169
CITY-ST-ZIP	PLYMOUTH MN	2.4 CITY-ST-ZIP	Minneapolis, MN 55441
TITLE	S	3.1 TITLE	Treasurer/Senior VP
NAME	HIGGINS, GWEN	3.2 NAME	Fred Flynn
STREET ADDRESS	700 CANAL ST	3.3 STREET ADDRESS	700 Canal Street
CITY-ST-ZIP	STAMFORD CT	3.4 CITY-ST-ZIP	Stamford CT 06902
TITLE	T	4.1 TITLE	Secretary
NAME	MCDEVITT, RICHARD	4.2 NAME	Stanley Witkow
STREET ADDRESS	93 RALSEY RD	4.3 STREET ADDRESS	700 Canal Street
CITY-ST-ZIP	STAMFORD CT	4.4 CITY-ST-ZIP	Stamford, CT 06902
TITLE	D	5.1 TITLE	D
NAME	POCH, GERLAD	5.2 NAME	Poch, Gerald
STREET ADDRESS	10200 51ST AVE N	5.3 STREET ADDRESS	700 Canal Street
CITY-ST-ZIP	PLYMOUTH MN	5.4 CITY-ST-ZIP	Stamford, CT 06902
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

SIGNATURE _____ **4-10-98**

CRSE034 (10/97)