

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000005562 (2)**

1. Corporation Name
GE CAPITAL CONTRACT SERVICES, INC.



Principal Place of Business: **6601 SIX FORKS ROAD RALEIGH NC 27615**
Mailing Address: **6601 SIX FORKS ROAD RALEIGH NC 27615**

3. Date Incorporated or Qualified: **11/14/1995**
3a. Date of Last Report
4. FEI Number: **56-1661562**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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
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: _____ DATE: _____
Signature typed or printed name of registered agent. This is applicable to all registered agents. Signature of registered agent is required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARMORE, GREGORY T	1.2 NAME	
STREET ADDRESS	6601 SIX FORKS ROAD	1.3 STREET ADDRESS	
CITY-STATE-ZIP	RALEIGH NC 27615	1.4 CITY-STATE-ZIP	
TITLE	PCOO	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAFIROVSKI, MIKE S	2.2 NAME	President & CEO
STREET ADDRESS	6601 SIX FORKS ROAD	2.3 STREET ADDRESS	Thomas H. Mann
CITY-STATE-ZIP	RALEIGH NC 27615	2.4 CITY-STATE-ZIP	6601 Six Forks Road
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECK, MARTIN H	3.2 NAME	Director
STREET ADDRESS	6601 SIX FORKS ROAD	3.3 STREET ADDRESS	Martin H. Heck
CITY-STATE-ZIP	RALEIGH NC 27615	3.4 CITY-STATE-ZIP	6601 Six Forks Road
TITLE	VCFO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLES, CAROLYN S	4.2 NAME	
STREET ADDRESS	6601 SIX FORKS ROAD	4.3 STREET ADDRESS	
CITY-STATE-ZIP	RALEIGH NC 27615	4.4 CITY-STATE-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GERHARD A	5.2 NAME	
STREET ADDRESS	6601 SIX FORKS ROAD	5.3 STREET ADDRESS	
CITY-STATE-ZIP	RALEIGH NC 27615	5.4 CITY-STATE-ZIP	
TITLE	VS	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAGGART, JOHN C	6.2 NAME	Vice President
STREET ADDRESS	6601 SIX FORKS ROAD	6.3 STREET ADDRESS	C.F. Steinger
CITY-STATE-ZIP	RALEIGH NC 27615	6.4 CITY-STATE-ZIP	6601 Six Forks Road

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Charles F. Steinger 5/13/96 (919)846-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY/DATE/PHONE

CR2E034 (12/95)