


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

FILED  
Feb 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000005562 (2)**  
1. Corporation Name  
**GE CAPITAL CONTRACT SERVICES, INC.**



Principal Place of Business <b>6601 SIX FORKS ROAD RALEIGH NC 27615</b>	Mailing Address <b>6601 SIX FORKS ROAD RALEIGH NC 27615-6519</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/14/1995</b>	3a. Date of Last Report <b>05/24/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>56-1661562</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b> 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 <b>CCEO</b>	<b>BARMORE, GREGORY T</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>Chairman</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BARMORE, GREGORY T</b>		1.2 NAME	
STREET ADDRESS <b>6601 SIX FORKS ROAD</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>RALEIGH NC 27615</b>		1.4 CITY-ST-ZIP	
TITLE <b>PCEO</b>	<b>MANN, THOMAS H</b> <input type="checkbox"/> DELETE	2.1 TITLE <b>PCEOD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MANN, THOMAS H</b>		2.2 NAME	
STREET ADDRESS <b>6601 SIX FORKS ROAD</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>RALEIGH NC</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>HECK, MARTIN H</b> <input type="checkbox"/> DELETE	3.1 TITLE <b>EVPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HECK, MARTIN H</b>		3.2 NAME	
STREET ADDRESS <b>6601 SIX FORKS ROAD</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>RALEIGH NC</b>		3.4 CITY-ST-ZIP	
TITLE <b>VCFO</b>	<b>LITTLES, CAROLYN S</b> <input type="checkbox"/> DELETE	4.1 TITLE <b>VCFOD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LITTLES, CAROLYN S</b>		4.2 NAME	
STREET ADDRESS <b>6601 SIX FORKS ROAD</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>RALEIGH NC 27615</b>		4.4 CITY-ST-ZIP	
TITLE <b>V</b>	<b>MILLER, GERHARD A</b> <input type="checkbox"/> DELETE	5.1 TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MILLER, GERHARD A</b>		5.2 NAME	
STREET ADDRESS <b>6601 SIX FORKS ROAD</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>RALEIGH NC 27615</b>		5.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<b>STEINEGER, C.F.</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>Assistant Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STEINEGER, C.F.</b>		6.2 NAME <b>Watkins, June</b>	
STREET ADDRESS <b>6601 SIX FORKS ROAD</b>		6.3 STREET ADDRESS <b>6601 Six Forks Road</b>	
CITY-ST-ZIP <b>RALEIGH NC</b>		6.4 CITY-ST-ZIP <b>Raleigh, NC</b>	

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: **June Watkins, Asst Secretary** *June Watkins* 1/20/97 919-846-4100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)