

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

FILED  
Feb 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 27615-6519



3. Date Incorporated or Qualified

11/14/1995

3a. Date of Last Report

05/24/1996

4. FEI Number

56-1661562

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$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 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 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

FL

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

TITLE CCEO ☒ DELETE

NAME BARMORE, GREGORY T  
STREET ADDRESS 6601 SIX FORKS ROAD  
CITY-ST-ZIP RALEIGH NC 27615

TITLE PCEO ☐ DELETE

NAME MANN, THOMAS H  
STREET ADDRESS 6601 SIX FORKS ROAD  
CITY-ST-ZIP RALEIGH NC

TITLE D ☐ DELETE

NAME HECK, MARTIN H  
STREET ADDRESS 6601 SIX FORKS ROAD  
CITY-ST-ZIP RALEIGH NC

TITLE VCFO ☐ DELETE

NAME LITTLES, CAROLYN S  
STREET ADDRESS 6601 SIX FORKS ROAD  
CITY-ST-ZIP RALEIGH NC 27615

TITLE V ☐ DELETE

NAME MILLER, GERHARD A  
STREET ADDRESS 6601 SIX FORKS ROAD  
CITY-ST-ZIP RALEIGH NC 27615

TITLE VP ☒ DELETE

NAME STEINEGER, C.F.  
STREET ADDRESS 6601 SIX FORKS ROAD  
CITY-ST-ZIP RALEIGH NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE PCEOD ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE EVPD ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE VCFOD ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE VPD ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Assistant Secretary ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Watkins, June  
6601 Six Forks Road  
Raleigh, NC

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/97

919-846-4100

Daytime Phone #

CR2E034 (9/96)