

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

001081

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90217 038 ***150.00

DOCUMENT # F95000005562

1. Corporation Name GE CAPITAL RESIDENTIAL CONNECTIONS CORPORATION



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/14/1995 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. City & State Zip Country 22 27 23 28 24 25 29 30

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, THOMAS H	1.2 NAME	
STREET ADDRESS	6601 SIX FORKS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27615	1.4 CITY-ST-ZIP	
TITLE	PCEO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, THOMAS H	2.2 NAME	
STREET ADDRESS	6601 SIX FORKS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	2.4 CITY-ST-ZIP	
TITLE	EVPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HECK, MARTIN H	3.2 NAME	VPS
STREET ADDRESS	6601 SIX FORKS ROAD	3.3 STREET ADDRESS	John C. Taggart
CITY-ST-ZIP	RALEIGH NC	3.4 CITY-ST-ZIP	6601 Six Forks Road
TITLE	SVPC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEILAND, THEODORE F	4.2 NAME	
STREET ADDRESS	6601 SIX FORKS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27615	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	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-ST-ZIP	RALEIGH NC	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, JUNE	6.2 NAME	
STREET ADDRESS	6601 SIX FORKS ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: June Watkins SIGNATURE REQUIRED 4/23/99 919-846-4524 DATE Daytime Phone # June Watkins

CR2E034 (1/98)