

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90032 035 ***150.00

DOCUMENT # F95000005562

1. Entity 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**



02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1661562

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
MANN, THOMAS H
6601 SIX FORKS RD
RALEIGH, NC 27615**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
TAGGART, JOHN C
6601 SIX FORKS ROAD
RALEIGH, NC 27615**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
DALL, MARCIA A
6601 SIX FORKS RD
RALEIGH, NC 27615**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
WATKINS, JUNE
6601 SIX FORKS ROAD
RALEIGH, NC**

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUNE WATKINS JUNE WATKINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04

Date

919-846-4524

Daytime Phone #