

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005562

FILED
Mar 29, 2006
Secretary of State

Entity Name: GE CAPITAL RESIDENTIAL CONNECTIONS CORPORATION

Current Principal Place of Business:

6601 SIX FORKS ROAD
RALEIGH, NC 27615

New Principal Place of Business:

1600 SUMMER ST
STAMFORD, CT 06927

Current Mailing Address:

6601 SIX FORKS ROAD
RALEIGH, NC 27615

New Mailing Address:

1600 SUMMER ST
STAMFORD, CT 06927

FEI Number: 56-1661562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MANN, THOMAS H
Address: 6601 SIX FORKS RD
City-St-Zip: RALEIGH, NC 27615

Title: PCEO () Delete
Name: MANN, THOMAS H
Address: 6601 SIX FORKS ROAD
City-St-Zip: RALEIGH, NC

Title: VS () Delete
Name: TAGGART, JOHN C
Address: 6601 SIX FORKS ROAD
City-St-Zip: RALEIGH, NC 27615

Title: VTD () Delete
Name: DALL, MARCIA A
Address: 6601 SIX FORKS RD
City-St-Zip: RALEIGH, NC 27615

Title: VPD (X) Delete
Name: MILLER, GERHARD A
Address: 6601 SIX FORKS ROAD
City-St-Zip: RALEIGH, NC

Title: AS (X) Delete
Name: WATKINS, JUNE
Address: 6601 SIX FORKS ROAD
City-St-Zip: RALEIGH, NC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WAKEMAN, GLEN
Address: 1600 SUMMER ST
City-St-Zip: STAMFORD, CT 06927

Title: TREA (X) Change () Addition
Name: COVARO, GONZALO
Address: 1600 SUMMER ST
City-St-Zip: STAMFORD, CT 06927

Title: VP (X) Change () Addition
Name: DONNELLY, ANDREW
Address: 1600 SUMMER ST
City-St-Zip: STAMFORD, CT 06927

Title: AS (X) Change () Addition
Name: STACHE, VIRGINIA
Address: 1600 SUMMER ST
City-St-Zip: STAMFORD, CT 06927

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA STACHE

AS

03/29/2006

Electronic Signature of Signing Officer or Director

Date