

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

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P22241** (4)  
1. Corporation Name  
**GENERAL ELECTRIC CAPITAL COMMERCIAL AUTOMOTIVE FINANCE, INC.**

Principal Place of Business <b>1000 HART RD BARRINGTON IL 60010 US</b>	Mailing Address <b>DEPT 8109 260 LONG RIDGE RD. STAMFORD CT 06927-1600 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/22/1988</b>	3a. Date of Last Report <b>04/14/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>94-3054231</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

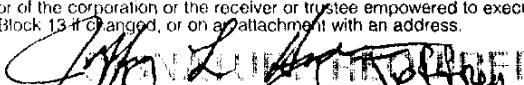
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
81 Name		85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VP-TAXES
NAME	BOLGER, JAMES J.	1.2 NAME	Jeffrey L. Hyde
STREET ADDRESS	1000 HART RD.	1.3 STREET ADDRESS	260 Long Ridge Rd
CITY-ST-ZIP	BARRINGTON IL	1.4 CITY-ST-ZIP	Stamford CT 06927
TITLE	S	2.1 TITLE	
NAME	GRABER, SARAH J.	2.2 NAME	
STREET ADDRESS	800 HART RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON IL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	EGNA, STEVEN M.	3.2 NAME	
STREET ADDRESS	1000 HART RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON IL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	DERICKSON, SANDRA L.	4.2 NAME	
STREET ADDRESS	800 HART RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON IL 60010	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	FIORE, DOMINIC A.	5.2 NAME	
STREET ADDRESS	777 LONG RIDGE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	PRALLE, MICHAEL E.	6.2 NAME	
STREET ADDRESS	1000 HART ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON IL	6.4 CITY-ST-ZIP	

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:  Hyde 4-29-97 203-357-11544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)