

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 # P11510 (5)

1. Corporation Name
GENERAL ELECTRIC CREDIT EQUITIES, INC.



Principal Place of Business 260 LONG RIDGE ROAD P O BOX 8109 STAMFORD CT 06927	Mailing Address 260 LONG RIDGE ROAD P O BOX 8109 STAMFORD CT 06927-8109
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3. Date Incorporated or Qualified **09/22/1986** 3a. Date of Last Report **04/14/1996**

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

4. FEI Number 06-1096511	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VP <input type="checkbox"/> DELETE
NAME	POST, RICHARD
STREET ADDRESS	260 LONG RIDGE ROAD
CITY-ST-ZIP	STAMFORD CT
TITLE	DP <input type="checkbox"/> DELETE
NAME	PFEIFFER, R.E.
STREET ADDRESS	260 LONG RIDGE ROAD
CITY-ST-ZIP	STAMFORD CT
TITLE	VP <input type="checkbox"/> DELETE
NAME	BLOCK, B E
STREET ADDRESS	260 LONG RIDGE ROAD
CITY-ST-ZIP	STAMFORD CT
TITLE	VP-T <input checked="" type="checkbox"/> DELETE
NAME	FIORE, DOMINIC A.
STREET ADDRESS	777 LONG RIDGE ROAD
CITY-ST-ZIP	STAMFORD CT
TITLE	VP <input type="checkbox"/> DELETE
NAME	POMEROY, T.D.
STREET ADDRESS	777 LONG RIDGE RD
CITY-ST-ZIP	STAMFORD CT
TITLE	S <input type="checkbox"/> DELETE
NAME	KAPLOW, MARK D.
STREET ADDRESS	260 LONG RIDGE ROAD
CITY-ST-ZIP	STAMFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VP - TAXES
1.3 STREET ADDRESS	Jeffrey C. Hyde
1.4 CITY-ST-ZIP	260 Long Ridge Rd
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SEE ATTACHED
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SEE ATTACHED
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Jeffrey C. Hyde 4-27-97 203-357-4644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)