

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90017 032 ***150.00

DOCUMENT # 806023

1. Corporation Name

GENERAL ELECTRIC CAPITAL CORPORATION

Principal Place of Business

260 LONG RIDGE ROAD
PO BOX 8109
STAMFORD, CONNECTICUT 06927

Mailing Address

260 LONG RIDGE ROAD
PO BOX 8109
STAMFORD, CONNECTICUT 06927

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1945

4. FEI Number

13-1500700

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

TITLE	DCP	<input checked="" type="checkbox"/> DELETE
NAME	WENDT, G. C.	
STREET ADDRESS	260 LONG RIDGE RD	
CITY-ST-ZIP	STAMFORD, CT 06000 06927	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	WENDT, G. C.	
STREET ADDRESS	260 LONG RIDGE RD	
CITY-ST-ZIP	STAMFORD, CT 06000 06927	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NIGEL D ANDREWS	
STREET ADDRESS	260 LONG RIDGE RD	
CITY-ST-ZIP	STAMFORD CT 06927	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DAVID G AMBLE	
STREET ADDRESS	260 LONG RIDGE RD	
CITY-ST-ZIP	STAMFORD CT 06927	
TITLE	ASVP	<input type="checkbox"/> DELETE
NAME	AMBROSE JR, STEPHEN F	
STREET ADDRESS	1600 SUMMER ST	
CITY-ST-ZIP	STAMFORD CT 06927	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	K RONE BALDWIN	
STREET ADDRESS	260 LONG RIDGE RD	
CITY-ST-ZIP	STAMFORD CT 06927	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Asst Treas - Taxes	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John Amato	
1.3 STREET ADDRESS	260 LONG RIDGE ROAD	
1.4 CITY-ST-ZIP	STAMFORD, CT 06927-0622	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
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	President / CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dennis J. Nauden	
4.3 STREET ADDRESS	260 Long Ridge Rd	
4.4 CITY-ST-ZIP	Stamford CT 06927	
5.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dennis Dammann	
5.3 STREET ADDRESS	260 Long Ridge Rd	
5.4 CITY-ST-ZIP	Stamford, CT 06927	
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 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.

203-357-4544

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REJOHN AMATO 4-28-99