

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 # 823603 (6)

1. Corporation Name
GENERAL ELECTRIC CREDIT CORPORATION OF GEORGIA



Principal Place of Business 260 LONG RIDGE ROAD P.O. BOX 8109 STAMFORD, CONNECTICUT 06827	Mailing Address 260 LONG RIDGE ROAD P.O. BOX 8109 STAMFORD, CONNECTICUT 06827-8109
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3. Date Incorporated or Qualified 08/11/1969	3a. Date of Last Report 04/14/1996
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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 58-0253970	Applied For <input type="checkbox"/> 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**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

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

TITLE	VPT	<input type="checkbox"/> DELETE
NAME	WERNER, J. S.	
STREET ADDRESS	777 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALKER, JOHN J	
STREET ADDRESS	1600 SUMMER ST.	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	SANTORO, E. J.	
STREET ADDRESS	777 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LEWIS, R. L.	
STREET ADDRESS	260 LONG RIDGE RD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KLOSTER, B. J., JR.	
STREET ADDRESS	260 LONG RIDGE RD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FIORE, DOMINIC	
STREET ADDRESS	777 LONG RIDGE RD	
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 Jeffrey L. Hyde
1.3 STREET ADDRESS	260 Long Ridge Rd
1.4 CITY-ST-ZIP	Stamford, CT 06927
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	<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	
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	

ATTACHED

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: _____ DATE: **4-27-97** DAYTIME PHONE: **28-357-4544**

SIGNATURE AND TYPE OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

CR2E034 (9/96)