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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90017 034 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 823603

1. Corporation Name
GENERAL ELECTRIC CREDIT CORPORATION OF GEORGIA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 260 LONG RIDGE ROAD P.O. BOX 8109 STAMFORD, CONNECTICUT 06927	Mailing Address 260 LONG RIDGE ROAD P.O. BOX 8109 STAMFORD, CONNECTICUT 06927
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3. Date Incorporated or Qualified 08/11/1969	4. FEI Number 58-0253970	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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	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

TITLE	VPT <input type="checkbox"/> DELETE
NAME	WERNER, J. S.
STREET ADDRESS	201 HIGH RIDGE RD
CITY-ST-ZIP	STAMFORD CT 06927
TITLE	D <input type="checkbox"/> DELETE
NAME	JOHN J BOBER
STREET ADDRESS	120 LONG RIDGE RD, 3RD FL
CITY-ST-ZIP	STAMFORD CT 06927
TITLE	S <input type="checkbox"/> DELETE
NAME	WENDY E ORMOND
STREET ADDRESS	1600 SUMMER ST
CITY-ST-ZIP	STAMFORD CT 06905
TITLE	P <input type="checkbox"/> DELETE
NAME	ROBERT L LEWIS
STREET ADDRESS	1600 SUMMER ST
CITY-ST-ZIP	STAMFORD CT 06927
TITLE	VP <input type="checkbox"/> DELETE
NAME	NANCY E BARTON
STREET ADDRESS	260 LONG RIDGE RD
CITY-ST-ZIP	STAMFORD CT 06927
TITLE	VP <input type="checkbox"/> DELETE
NAME	MICHAEL D FRAZIER
STREET ADDRESS	292 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 checked="" type="checkbox"/> Addition
1.2 NAME	JOHN AMATO
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	

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.

SIGNATURE: SIGNATURE REQUIRED 4/28/99 Date 203-357-4544 Daytime Phone #

CRZE034 (1/98)