

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

FILED

May 18 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 830052 (7)

1. Corporation Name
GE CAPITAL HEALTH CARE FINANCE, INC.

Principal Place of Business

280 LONG RIDGE RD.
STAMFORD CT 06927
US

Mailing Address

269 LONG RIDGE RD.
STAMFORD CT 06927
US



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/24/1973 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 39-1148992 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | | 29 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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 | |
| | | | | 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 | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP |
| | PCEO | 1824 WHITE PINES TRAIL | RICHFIELD WI | | | | |
| | SEDLMEIER, MARK | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP |
| | S | 629 MAPLE STREET | WEST BEND WI | | | | |
| | SCHMIDT, JANINE R | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP |
| | VPD | 4363 STONEY LANE | SLINGER WI | | | | |
| | PETER D. ZIEGLER | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP |
| | TD | W72 N1001 HARRISON AVE. | CEDARBURG WI | | | | |
| | VAN HORN, LYNN R. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP |
| | AS | 1322 HAWTHORNE DR | W BEND, WI 00000 | | | | |
| | VANVOOREN, VERNON C | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP |
| | AT | 2828 W GRACE AVENUE | MEQUON WI | | | | |
| | VREDENBREGT, JEFF C. | | | | | | |
| | | | | | | | |
| | | | | | | | |

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.

SIGNATURE:

Theresa H. Schulman

4-27-98

202-557-4544

CR2E034 (10/97)