

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 90018 022 ***150.00

DOCUMENT # 830052

1. Corporation Name

GE CAPITAL HEALTH CARE FINANCE, INC.



Principal Place of Business

260 LONG RIDGE RD.
STAMFORD CT 06927
US

Mailing Address

269 LONG RIDGE RD.
STAMFORD CT 06927
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1973

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

39-1148992

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

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

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	SEDLMEIER, MARK	
STREET ADDRESS	1824 WHITE PINES TRAIL	
CITY-ST-ZIP	RICHFIELD WI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHMIDT, JANINE R	
STREET ADDRESS	629 MAPLE STREET	
CITY-ST-ZIP	WEST BEND WI	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PETER D. ZIEGLER	
STREET ADDRESS	4363 STONEY LANE	
CITY-ST-ZIP	SLINGER WI	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VAN HORN, LYNN R.	
STREET ADDRESS	W72 N1001 HARRISON AVE.	
CITY-ST-ZIP	CEDARBURG WI	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	VANVOOREN, VERNON C	
STREET ADDRESS	1322 HAWTHORNE DR	
CITY-ST-ZIP	W BEND, WI 00000	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	VREDENBREGT, JEFF C.	
STREET ADDRESS	2826 W GRACE AVENUE	
CITY-ST-ZIP	MEQUON WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Asst TREAS-TAX	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Amato	
1.3 STREET ADDRESS	260 LONG RIDGE ROAD	
1.4 CITY-ST-ZIP	STAMFORD, CT 06927-0322	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

203-357-4544

CR2E034 (11/98)