

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

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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

DOCUMENT # 840925 (2)
1. Corporation Name
GENERAL ELECTRIC CREDIT CORPORATION OF DELAWARE



Principal Place of Business
260 LONG RIDGE RD
PO BOX 8109
STAMFORD CT 06927

Mailing Address
260 LONG RIDGE RD
PO BOX 8109
STAMFORD CT 06927-8109

3. Date Incorporated or Qualified
06/22/1978

3a. Date of Last Report
04/14/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 13-2797119	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24. Country	29. Country		

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. State	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	VP	<input checked="" type="checkbox"/> DELETE
NAME	FIORIO, DOMINIC A	
STREET ADDRESS	777 LONG RIDGE RD	
CITY-STATE-ZIP	STAMFORD, CONN 06000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALKER, JOHN J	
STREET ADDRESS	1600 SUMMER STREET	
CITY-STATE-ZIP	STAMFORD CT	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LEWIS, ROBERT L.	
STREET ADDRESS	260 LONG RIDGE RD	
CITY-STATE-ZIP	STAMFORD, CONN 06000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ORMOND, WENDY S.	
STREET ADDRESS	1600 SUMMER STREET	
CITY-STATE-ZIP	STAMFORD, CONN 06000	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	SANTORO, EDWARD J.	
STREET ADDRESS	777 LONG RIDGE RD	
CITY-STATE-ZIP	STAMFORD, CONN 06000	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	WERNER, JEFFREY	
STREET ADDRESS	777 LONG RIDGE RD	
CITY-STATE-ZIP	STAMFORD, CONN 06000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP-Taxes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jeffrey L. Hyde	
1.3 STREET ADDRESS	260 Long Ridge Rd	
1.4 CITY-STATE-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-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey L. Hyde 4-27-97 203-351-4544

CR2E034 (9/96)