

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 844756 (7)
 1. Corporation Name
GE AMERICAN COMMUNICATIONS, INC.



Principal Place of Business 260 LONG RIDGE RD. STAMFORD CT 06927 US	Mailing Address 260 LONG RIDGE RD. ATTN. JOSEPHINE MILLER STAMFORD CT 06927 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 13-2849985	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
3. Date Incorporated or Qualified 12/05/1979		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	
B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)	
B3		B4 City	
		FL B5 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	CPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELLY, JOHN F	1.2 NAME	
STREET ADDRESS	4 RESEARCH WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DI MARCO, JOHN C	2.2 NAME	
STREET ADDRESS	12 ACADIA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	VOORHEES NJ	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, WALTER B	3.2 NAME	
STREET ADDRESS	10 LANDING LANE, APT 3K	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW BRUNSWICK NJ	3.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTERO, PHILIP V	4.2 NAME	
STREET ADDRESS	251 BAYARD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ	4.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULMAN, GARY J	5.2 NAME	
STREET ADDRESS	260 LONG RIDGE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06927	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

SIGNATURE: *[Signature]* **GARY J. SCHULMAN** 4-27-98 203-557-5544

CR2E034 (10/97)