SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **853841** **(5)**

1. Corporation Name

GE CAPITAL MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
30851 W AGOURA RD AGOURA HILLS CA 91301	30851 W AGOURA RD AGOURA HILLS CA 91301

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

3. Date Incorporated or Qualified: 08/23/1982	3a. Date of Last Report: 04/18/1995
4. FEI Number: 95-3553440	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 _____ DATE
Signature, typed or printed name of registered agent and date of application (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D METCALF, MARC G. 3001 SUMMER ST. STAMFORD CT	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☒ Change ☐ Addition
				131 RIVERSIDE DR. NEW YORK, N.Y. 10024	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOSTIC, E.DAVID 30851 W AGOURA RD AGOURA HILLS, CA 00000	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☒ Change ☐ Addition
				3999 BARCELONA PL. NEWBURY PARK, CA 91320	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTSD OBEDENCIO, SANTIAGO U 30851 W AGOURA RD AGOURA HILLS, CA 00000	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SRVPTCFO KEVIN M. CARR 1405 LA FITTE DR. OAK PARK, CA 91301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS OWENS, JAMES J 30851 W AGOURA RD AGOURA HILLS, CA 00000	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☒ Change ☐ Addition
				4647 ADONIS PL. MOORPARK, CA 93021	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP BERGMANN, RICHARD W. 4931 MATILIJA AVE. SHERMAN OAKS CA	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WHEELER, STEVEN D. 42884 BLUEHILLS DR LAKE ELIZABETH CA	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	300001874313 -06/25/96--01034--002 ***225.00	☐ Change ☐ Addition 6/24/96

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kevin M. Carr Kevin M. Carr SVP, CFO 6/17/96 818-706-6211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #