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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 # 853841 (5)
1. Corporation Name
GE CAPITAL MANAGEMENT CORPORATION



Principal Place of Business Mailing Address
30851 W AGOURA RD 30851 W AGOURA RD
AGOURA HILLS CA 91301 AGOURA HILLS CA 91301-4312

3. Date Incorporated or Qualified 08/23/1982 3a. Date of Last Report 06/24/1996
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

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature: typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS
TITLE D ☐ DELETE
NAME METCALF, MARC G.
STREET ADDRESS 131 RIVERSIDE DR.
CITY-ST-ZIP NEW YORK NY 10024
TITLE PD ☐ DELETE
NAME BOSTIC, E.DAVID
STREET ADDRESS 3999 BARCELONA PL.
CITY-ST-ZIP NEWBURY PARK CA 91320
TITLE SVPT ☐ DELETE
NAME CARR, KEVIN
STREET ADDRESS 1 405 LA FITTE DR.
CITY-ST-ZIP OAK PARK CA 91301
TITLE VS ☐ DELETE
NAME OWENS, JAMES J
STREET ADDRESS 4847 ADONIS PL.
CITY-ST-ZIP MOORPARK CA 93021
TITLE SVP ☐ DELETE
NAME BERGMANN, RICHARD W.
STREET ADDRESS 4931 MATILJA AVE.
CITY-ST-ZIP SHERMAN OAKS CA
TITLE VP ☐ DELETE
NAME WHEELER, STEVEN D.
STREET ADDRESS 42884 BLUEHILLS DR
CITY-ST-ZIP LAKE ELIZABETH CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Gary J. Schulman ☐ Change ☒ Addition
1.2 NAME Asst. Treas - Tax
1.3 STREET ADDRESS 260 Long Ridge Rd
1.4 CITY-ST-ZIP Stamford, CT 06907
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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: Gary J. Schulman 4-27-97 203-357-4574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)