SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
06/23/1982

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ATT	☑ DELETE	1.1 TITLE	President, CEO	☐ Change ☑ Addition
NAME	SCHULMAN, GARY J		1.2 NAME	Munson, Daniel C.	
STREET ADDRESS	260 LONG RIDGE RD.		1.3 STREET ADDRESS	5203 West Oberlin Dr.	
CITY-ST-ZIP	STAMFORD CT		1.4 CITY-ST-ZIP	Denver, CO 80235	
TITLE	PD	☑ DELETE	2.1 TITLE	Executive VP	☑ Change ☐ Addition
NAME	BOSTIC, E.DAVID		2.2 NAME	Bergmann, Richard W.	
STREET ADDRESS	3999 BARCELONA PL.		2.3 STREET ADDRESS	4931 Matilija Ave.	
CITY-ST-ZIP	NEWBURY PARK CA 91320		2.4 CITY-ST-ZIP	Sherman Oaks, CA 91423	
TITLE	SVPT	☑ DELETE	3.1 TITLE	Secretary, Gen. Counsel	☐ Change ☑ Addition
NAME	CARR, KEVIN		3.2 NAME	Attey, John W.	
STREET ADDRESS	1 405 LA FITTE DR.		3.3 STREET ADDRESS	8863 West Cross Pl.	
CITY-ST-ZIP	OAK PARK CA 91301		3.4 CITY-ST-ZIP	Littleton, CO 80123	
TITLE	VS	☐ DELETE	4.1 TITLE	Sr VP, Asst Secty, Counsel	☑ Change ☐ Addition
NAME	OWENS, JAMES J		4.2 NAME	Owens, James J.	
STREET ADDRESS	4647 ADONIS PL.		4.3 STREET ADDRESS	4647 Adonis Pl	
CITY-ST-ZIP	MOORPARK CA 93021		4.4 CITY-ST-ZIP	Moorpark, CA 93021	
TITLE	SVP	☐ DELETE	5.1 TITLE	VP, CFO, Treasurer	☐ Change ☑ Addition
NAME	BERGMANN, RICHARD W.		5.2 NAME	Francis, Stephen C.	
STREET ADDRESS	4931 MATILIJA AVE.		5.3 STREET ADDRESS	10021 City View Dr.	
CITY-ST-ZIP	SHERMAN OAKS CA		5.4 CITY-ST-ZIP	Morrison, CO 80465	
TITLE	VP	☑ DELETE	6.1 TITLE	VP, Risk Mgmt.	☐ Change ☑ Addition
NAME	WHEELER, STEVEN D.		6.2 NAME	Adams, Jeffrey J.	
STREET ADDRESS	42884 BLUEHILLS DR		6.3 STREET ADDRESS	35 Lark Bunting	
CITY-ST-ZIP	LAKE ELIZABETH CA		6.4 CITY-ST-ZIP	Littleton, CO 80235	

CR2E034 (5/98)

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: James J. Owens 7/2/98 818-889-3520