

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

FILED

May 21 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 # F92000001019 (0)

1. Corporation Name
GEL FINANCING, INC.



Principal Place of Business

809 E. LAS COLINAS BLVD.
#1900
IRVING TX 75039-3907

Mailing Address

809 E. LAS COLINAS BLVD.
#1900
IRVING TX 75039-3913

3. Date Incorporated or Qualified
01/08/1993
3a. Date of Last Report
04/17/1996

2. Principal Place of Business

21 100 California Street
Suite, Apt. #, etc.

22 Suite 500

23 San Francisco CA

24 94111-4529 25 USA

2a. Mailing Address

26 100 California Street
Suite, Apt. #, etc.

27 Suite 500

28 San Francisco CA

29 94111-4529 30 USA

4. FEI Number
95-3307888
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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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:

Signature of typist or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COSTELLO, ROBERT L	
STREET ADDRESS	909 EAST LAS COLINAS BLVD, SUITE 1900	
CITY-ST-ZIP	IRVING TX 75039-3907	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	HOLDER, MELISSA K	
STREET ADDRESS	909 EAST LAS COLINAS BLVD, SUITE 1900	
CITY-ST-ZIP	IRVING TX 75039-3907	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIDSON, ARNOLD M	
STREET ADDRESS	909 EAST LAS COLINAS BLVD., SUITE 1900	
CITY-ST-ZIP	IRVING TX 75039-3907	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kent P. Ainsworth	
4.3 STREET ADDRESS	100 California Street; Suite 500	
4.4 CITY-ST-ZIP	San Francisco, CA 94111-4529	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Carol Brummerstedt	
5.3 STREET ADDRESS	100 California Street; Suite 500	
5.4 CITY-ST-ZIP	San Francisco, CA 94111-4529	
6.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Irwin L. Rosenglein	
6.3 STREET ADDRESS	100 California Street, #500	
6.4 CITY-ST-ZIP	San Francisco, CA 94111	

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: Carol Brummerstedt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE 5/6/97
Daytime Phone 415-774-2700

CR2E034 (9/96)