SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 11:21

DOCUMENT # **F93000002049 (5)**

1. Corporation Name

GE CAPITAL COMMUNICATION SERVICES CORPORATION

Principal Place of Business	Mailing Address
6540 POWERS FERRY RD. ATLANTA GA 30339	6540 POWERS FERRY RD. ATLANTA GA 30339

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1993
3a. Date of Last Report: 04/05/1994

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

4. FEI Number: 58-2031608 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D PARKE, JAMES A 260 LONG RIDGE RD. STAMFORD CT	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	P/D Gregg L. Haddad 6540 Powers Ferry Road Atlanta, GA 30339	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GRIMM, ROBERT L 6540 POWERS FERRY ROAD ATLANTA GA 30339	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	S Patrick J. Whittle 6540 Powers Ferry Road Atlanta, GA 30339	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D REISNER, ROBERT F 260 LONG RIDGE ROAD STAMFORD CT	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	T Dennis R. Sweeney 260 Long Ridge Road Stamford, CT 06927	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GORMAN, SARAH E 260 LONG RIDGE ROAD STAMFORD CT	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	D James M. Loree 260 Long Ridge Road Stamford, CT 06927	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	COB DOWD TIMOTHY P., 6540 POWERS FERRY ROAD ATLANTA GA 30339	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	V	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V KIRK, DOUGLAS W., 260 LONG RIDGE ROAD STAMFORD CT 03927	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	D Cary Claiborne 260 Long Ridge Road Stamford, CT 06927	XX Change ☐ Addition

CR2E034 (3/95)

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)(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 above, or on an attachment with an address.

SIGNATURE: _____ Secretary 6/12/95 404/644-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0122172 FP