TILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	F9300002049	(5)
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GE CAPITAL COMMUNICATION SERVICES CORPORATION

Principal Place o		Mailing Addre	ess Ers ferry RD.	~=			
ATLANTA GA		ATLANTA					
						 Date Incorporated or Qualified 05/03/1993 	3a. Date of Last Report 06/16/1995
2. Principal Plac	pe of Business	2a. Mailing Ad	dress			4. FEI Number	Applied For
21		26				58-2031608	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt	t. #, etc.			5. Certificate of Status Desired	See Required
City & State		City & Sta	ate			6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	30	Country		8. This corporation has liability for Florida Statutes Yes	intangible tax under s=199.032, □ No
24	9. Name and Address of Current					10. Name and Address of New F	legistered Agent
				81	Name		
* C T COI	RPORATION SYSTEM			82	Stroot A	Address (P.O. Box Number is Not Acceptat	ole)
	OUTH PINE ISLAND ROAD			02	Stieet F	address (. C. 250 (to	
	TION FL 33324			83			
• 12.000	1014 12 0002 1			84	City		85 Zip Code
					• .		FL M
tamiliar with	n, and accept the boilgations of, Sections of Sections of Sections of February Signature, typod or printed name of registered agent	and tile if application.	ioa Statutes.			rporation submits this statement for the pubboard of directors. I hereby accept the application of directors applied when renstating	OATE FICERS AND DIRECTORS IN 12
12.	OFFICERS AND		DELETE	1. 1 TITLE		4000018	
TITLE	PD Haddad, Gregg L	لسيا	DEECTE	1,2 NAME		4000018 -05/24/9601	33374 025020
NAME	6540 POWERS FERRY RD				ADDRESS	***200.00	033020
STREET ADDRESS	ATLANTA GA			14 CITY-		***£00.00	
CITY - ST - ZIP	S	ΧX	N ETE	2. 1 TITLE		V/T/D	Change K) Addition
NAME	WHITTLE, PATRICK J	-	l	2.2 NAME		Galonczyk, Albin	
STREET ADDRESS	6540 POWERS FERRY RD			2.3 STREE	ADDRESS	6540 Powers Ferry Road	i
CITY-ST-2IP	ATLANTA GA			2.4 C/TY-	ST - ZIP	Atlanta, GA 30339	
TITLE	1	XX	DELETE	3 1 TITLE		V/D	Change 😰 Addition
NAME	SWEENEY, DENNIS R			3.2 NAME		Malfettone, John P.	
STREET ADDRESS	260 LONG RIDGE RD			33 STREI	T ADDRESS	260 Long Ridge Rd.	
CITY-S1-ZIP	STAMFORD CT			3 4 CITY -	ST - ZIP	Stamford, CT 06927	Chor El Addis-
TITLE	D	ζ χ χ	DELETE	4. 1 TITLE		s/V	Change 🙀 Addition
NAME	LOREE, JAMES M			4.2 NAME		Ogden, John V.	
STREET ADDRESS	260 LONG RIDGE RD					260 Long Ridge Road	
CITY-ST-ZIP	STAMFORD CT		Locuere	4.4 CITY-		Stamford, CT 06927	Change Addition
TITLE	V	L] DELETE	5. 1 TITLE			C Change C Maddon
NAME	DOWD TIMOTHY P.,	5		5.2 NAME			
STREET ADDRESS	6540 POWERS FERRY ROA	IJ			T ADDRESS		
DITY-ST-ZIP							
TITLE	ATLANTA GA	- · · · · · · · · · · · · · · · · · · ·) DELETE	5.4 CITY - 6. 1 11TLE		v	Change Addition

STAMFORD CT 14. If 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 cath; that I am an officer or director of the corporation or the received 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 changes, or on any attainment with an address.

6.2 NAME

63 STREET ADDRESS

6.4 CITY- ST- ZIP

SIGNATURE: _

D

CLAIBORNE, CARY

260 LONG RIDGE RD

TITLE

NAME

STREET ADDRESS

OF SIGNING OFFICER OF DIRECTOR

17-29-96 Dane

770/644 7600

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