FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 [illegible] :56

DOCUMENT # F94000003056 (8)

1. Corporation Name

GE CAPITAL AVIATION SERVICES, INC.

Principal Place of Business
1600 SUMMER STREET
STAMFORD CT 06927

Mailing Address
1600 SUMMER STREET
STAMFORD CT 06927

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 263 Tresser Boulevard	2a. Mailing Address: 26 263 Tresser Boulevard
Suite, Apt. #, etc: 22 7th Floor	Suite, Apt. #, etc: 27 7th Floor
City & State: 23 Stamford, CT	City & State: 28 Stamford, CT
Zip: 24 06927-4900 / Country: 25 USA	Zip: 29 06927-4900 / Country: 30 USA

3. Date Incorporated or Qualified: 06/10/1994
3a. Date of Last Report:
4. FEI Number: 06-1380412 ☐ 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

12. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	NAYDEN, DENIS J
STREET ADDRESS	260 LONG RIDGE ROAD
CITY ST ZIP	STAMFORD CT
TITLE	V
NAME	DEPP, HERBERT D
STREET ADDRESS	1600 SUMMER STREET
CITY ST ZIP	STAMFORD CT
TITLE	SD
NAME	KLOSTER JR, BURTON J
STREET ADDRESS	260 LONG RIDGE ROAD
CITY ST ZIP	STAMFORD CT
TITLE	T
NAME	LOREE, JAMES M
STREET ADDRESS	260 LONG RIDGE ROAD
CITY ST ZIP	STAMFORD CT
TITLE	D
NAME	O'REILLY, ROBERT O
STREET ADDRESS	1600 SUMMER STREET
CITY ST ZIP	STAMFORD CT
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	☒ Change ☐ Addition
12 NAME	James T. Johnson	
13 STREET ADDRESS	263 Tresser Boulevard	
14 CITY ST ZIP	Stamford, CT 06927	
21 TITLE	D	☒ Change ☐ Addition
22 NAME	James A. Parke	
23 STREET ADDRESS	260 Long Ridge Road	
24 CITY ST ZIP	Stamford, CT 06927	
31 TITLE	D	☒ Change ☐ Addition
32 NAME	Burton J. Kloster, Jr.	
33 STREET ADDRESS	260 Long Ridge Road	
34 CITY ST ZIP	Stamford, CT 06927	
41 TITLE	T	☒ Change ☐ Addition
42 NAME	James F. Walsh	
43 STREET ADDRESS	263 Tresser Boulevard	
44 CITY ST ZIP	Stamford, CT 06927	
51 TITLE	S	☒ Change ☐ Addition
52 NAME	Richard L. Blume	
53 STREET ADDRESS	263 Tresser Boulevard	
54 CITY ST ZIP	Stamford, CT 06927	
61 TITLE	V	☒ Change ☐ Addition
62 NAME	John E. Flynn	
63 STREET ADDRESS	263 Tresser Boulevard	
64 CITY ST ZIP	Stamford, CT 06927	

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)(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 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: Richard L. Blume 5/26/95 203 961 2975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0004370 FP