FILE 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

300001787803
-04/21/96--01002--006
***200.00

DOCUMENT # **F94000003056 (8)**

1. Corporation Name
GE CAPITAL AVIATION SERVICES, INC.

Principal Place of Business	Mailing Address
263 TRESSER BOULEVARD 7TH FLOOR STAMFORD CT 06927 US	263 TRESSER BOULEVARD 7TH FLOOR STAMFORD CT 06927 US

3. Date Incorporated or Qualified: 06/10/1994
3a. Date of Last Report: 06/05/1995

2. Principal Place of Business	2a. Mailing Address
21 201 High Ridge Road	26 201 High Ridge Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Stamford, CT	City & State 28 Stamford, CT
Zip 24 06927-4900 Country 25 USA	Zip 29 06927-4900 Country 30 USA

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

Ċ 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 607.1506, 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, typed or printed name of registered agent and title of officer) (NOTE: Registered Agent signature required when amending) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHNSON, JAMES T 263 TRESSER BOULEVARD STAMFORD CT	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 201 High Ridge Road Stamford, CT 06927-4900
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARKE, JAMES A 260 LONG RIDGE ROAD STAMFORD CT	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 10000178780 1 -04/21/96--01002--005 ***8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLOSTER JR, BURTON J 260 LONG RIDGE ROAD STAMFORD CT	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition D Nancy E. Barton 260 Long Ridge Road Stamford, CT 06927
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WALSH, JAMES F 263 TRESSER BOULEVARD STAMFORD CT	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition T Marc A. Meiches 201 High Ridge Road Stamford, CT 06927
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BLUME, RICHARD L 263 TRESSER BOULEVARD STAMFORD CT	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☒ Change ☐ Addition 201 High Ridge Road Stamford, CT 06927
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FLYNN, JOHN E 263 TRESSER BOULEVARD STAMFORD CT	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☒ Change ☐ Addition 201 Mission Street San Francisco, CA 94105

CR2E034 (12/95)

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)(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: _____ James T. Johnson April 16, 1996 203-357-3776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SC 4-19-96