

FILED
Jul 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000003056**
Corporation Name
GE Capital Aviation Services, Inc.

Principal Place of Business	Mailing Address
201 High Ridge Rd. Stamford, CT 06927	201 High Ridge Rd. Stamford, CT 06927

Amendment
DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address		Date Incorporated or Qualified 06/10/1994	
21		26		FBI Number 06-1380412	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

Name and Address of Current Registered Agent		Name and Address of New Registered Agent	
CT Corporation System 1200 South Pine Island Road Plantation FL 33324		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	Henry A. Hubschman		1.2 NAME
STREET ADDRESS	201 High Ridge Road		1.3 STREET ADDRESS
CITY-ST-ZIP	Stamford, CT 06927-4900		1.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	Parke, James A.		2.2 NAME
STREET ADDRESS	260 Long Ridge Road		2.3 STREET ADDRESS
CITY-ST-ZIP	Stamford, CT 06927		2.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	Barton, Nancy E.		3.2 NAME
STREET ADDRESS	260 Long Ridge Road		3.3 STREET ADDRESS
CITY-ST-ZIP	Stamford, CT 06927		3.4 CITY-ST-ZIP
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE
NAME	Meiches, Marc A.		4.2 NAME
STREET ADDRESS	201 High Ridge Road		4.3 STREET ADDRESS
CITY-ST-ZIP	Stamford, CT 06927		4.4 CITY-ST-ZIP
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE
NAME	McElhinney, Paul (temp)		5.2 NAME
STREET ADDRESS	201 High Ridge Road		5.3 STREET ADDRESS
CITY-ST-ZIP	Stamford, CT 06927		5.4 CITY-ST-ZIP
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE
NAME	Liu, Norman		6.2 NAME
STREET ADDRESS	201 High Ridge Road		6.3 STREET ADDRESS
CITY-ST-ZIP	Stamford, CT 06927		6.4 CITY-ST-ZIP

I 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.

CR2E034 (10/97)