

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

APPROVED  
AND  
FILED

1996 JUN -4 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000000067 (7)

1. Corporation Name

ORLANDO ONE RPF III REALTY CORP.



Principal Place of Business

Mailing Address

% GE INVESTMENTS  
3003 SUMMER ST.  
STAMFORD CT 06904

% GE INVESTMENTS  
3003 SUMMER ST.  
STAMFORD CT 06904

3. Date Incorporated or Qualified

01/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

Suite, Apt. #, etc.

C/O GEIC R/E Tax Dept.

P.O. BOX 120073

City & State

Stamford, CT

Zip

06912-0073

Country

USA

4. FEI Number

-APPLIED FOR-06-1414386

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

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME GIGLIOTTI, ROBERT P  
STREET ADDRESS 3003 SUMMER ST.  
CITY-ST-ZIP STAMFORD CT 06904 ☐ DELETE

TITLE VSD  
NAME STRONE, MICHAEL J  
STREET ADDRESS 3003 SUMMER ST.  
CITY-ST-ZIP STAMFORD CT 06904 ☐ DELETE

TITLE T  
NAME LEVANTI, STEPHEN J  
STREET ADDRESS 3003 SUMMER ST.  
CITY-ST-ZIP STAMFORD CT 06904 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T  
1.2 NAME Dwyer, Patrick F  
1.3 STREET ADDRESS 3003 Summer Street  
1.4 CITY-ST-ZIP Stamford, CT 06904 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☒ Addition

3.1 TITLE V  
3.2 NAME Levanti, Stephen J  
3.3 STREET ADDRESS 3003 Summer Street  
3.4 CITY-ST-ZIP Stamford, CT 06904 ☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Strone

5/30/96

(203) 326-2300

CR2E034 (12/95)