

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000000068 (5)

1. Corporation Name

ORLANDO TWO RPF III REALTY CORP.

Principal Place of Business

% GE INVESTMENTS
3003 SUMMER ST.
STAMFORD CT 06904

Mailing Address

C/O GEIC R/E TAX DEPT
P.O. BOX 120073
STAMFORD CT 06912-0073

3. Date Incorporated or Qualified

01/05/1995

3a. Date of Last Report

06/04/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

06-1414385

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

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

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

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 ☐ DELETE

NAME PIGLIOTTI, ROBERT P
STREET ADDRESS 3003 SUMMER ST.
CITY-ST-ZIP STAMFORD CT 06904

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME V
STREET ADDRESS LEVANTI, STEPHEN J
CITY-ST-ZIP 3003 SUMMER ST.
STAMFORD CT 06904

TITLE ☐ DELETE

NAME T
STREET ADDRESS DWYER, PATRICK F
CITY-ST-ZIP 3003 SUMMER STREET
STAMFORD CT 06904

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600002161866--9

Change Addition

Change Addition

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14. I do hereby certify that the information supplied in 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 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; and that I am 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 in the filing.

SIGNATURE:

SIGNATURE AND TYPE OF OFFICIAL REQUIRED
Michael J. Strone, Secretary

4/30/97

(203) 326-2300

0001833

pg 1

FILED

97 MAY -1 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (9/96)



ACCOUNT NO. : 072100000032.

REFERENCE : 350542 5033850

AUTHORIZATION :

COST LIMIT : \$ 165.00

Patricia P. [signature]

ORDER DATE : May 1, 1997

ORDER TIME : 10:06 AM

ORDER NO. : 350542-015

CUSTOMER NO: 5033850

CUSTOMER: Ms. Deborah Kavanagh
Ge Investment Co.
3003 Summer Street

Stamford, CT 06905

ANNUAL REPORT FILING

NAME: ORLANDO TWO RPF III REALTY
CORP.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroeder

EXAMINER'S INITIALS:

RECEIVED
97 MAY -1 AM 11:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

pg. 2