SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $875)

PROFIT 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 JUN 30 AM 9:52

DOCUMENT # P06676 (1)

1. Corporation Name
GE CAPITAL MORTGAGE SERVICES, INC.

Principal Place of Business	Mailing Address
3 EXECUTIVE CAMPUS P.O. BOX 5260 CHERRY HILL, NJ. 08034 US	3 EXECUTIVE CAMPUS P.O. BOX 5260 CHERRY HILL, NJ. 08034 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/08/1985**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **21-0627285** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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. The 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	VC
NAME	BIER, BARRY J.
STREET ADDRESS	102 FOREST AVENUE
CITY-ST-ZIP	MEDFORD NJ
TITLE	SVS
NAME	HUNT, JANET B.
STREET ADDRESS	36 LINDEN AVENUE
CITY-ST-ZIP	HADDONFIELD NJ
TITLE	~~EVP~~
NAME	~~KOCH, ABRAHAM~~
STREET ADDRESS	~~650 N. SARATOGA DRIVE~~
CITY-ST-ZIP	~~MOORESTOWN NJ~~
TITLE	~~EVP~~
NAME	~~KEANE, JAMES M.~~
STREET ADDRESS	~~700 STANWICK ROAD~~
CITY-ST-ZIP	~~MOORESTOWN NJ~~
TITLE	~~SVP~~
NAME	~~ALI, SYED W.~~
STREET ADDRESS	~~4 BEEKMAN PLACE~~
CITY-ST-ZIP	~~CHERRY HILL NJ~~
TITLE	~~SVP~~
NAME	~~DONE, JAMES F.~~
STREET ADDRESS	~~8020 KINGS ARMS WAY~~
CITY-ST-ZIP	~~RALEIGH NC~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE		☒ Change ☐ Addition
1-2 NAME		
1-3 STREET ADDRESS	3 Executive Campus	
1-4 CITY-ST-ZIP	Cherry Hill, NJ 08034	
2-1 TITLE		☒ Change ☐ Addition
2-2 NAME		
2-3 STREET ADDRESS	3 Executive Campus	
2-4 CITY-ST-ZIP	Cherry Hill, NJ 08034	
3-1 TITLE	D/P	☒ Change ☐ Addition
3-2 NAME	Mike S. Zafirovski	
3-3 STREET ADDRESS	6601 Six Forks Road	
3-4 CITY-ST-ZIP	Raleigh, NC 27615	
4-1 TITLE	D/SVP	☒ Change ☐ Addition
4-2 NAME	JoAnn B. Rabitz	
4-3 STREET ADDRESS	6601 Six Forks Road	
4-4 CITY-ST-ZIP	Raleigh, NC 27615	
5-1 TITLE	VP/T	☒ Change ☐ Addition
5-2 NAME	John V. Gannon	
5-3 STREET ADDRESS	3 Executive Campus	
5-4 CITY-ST-ZIP	Cherry Hill, NJ 08034	
6-1 TITLE	D/EVP	☒ Change ☐ Addition
6-2 NAME	Richard L. Boruta	
6-3 STREET ADDRESS	3 Executive Campus	
6-4 CITY-ST-ZIP	Cherry Hill, NJ 08034	

CR2E034 (3/95)

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: [signature] John V. Gannon VP/Treasurer 6/13/95 609-661-6380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

6194041 PW