

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90043 040 \*\*\*150.00

**DOCUMENT # P06676**

1. Corporation Name

**GE CAPITAL MORTGAGE SERVICES, INC.**

Principal Place of Business

**3 EXECUTIVE CAMPUS  
P.O. BOX 5260  
CHERRY HILL NJ 08034  
US**

Mailing Address

**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**

4. FEI Number

**21-0627285**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

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

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	DVTC	<input type="checkbox"/> DELETE
NAME	MESSINA, G	
STREET ADDRESS	3 EXECUTIVE CAMPUS	
CITY-ST-ZIP	CHERRY HILL NJ 08034	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	WILLIAMS, G J	
STREET ADDRESS	3 EXECUTIVE CAMPUS	
CITY-ST-ZIP	CHERRY HILL NJ 08034	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	MANN, THOMAS H	
STREET ADDRESS	6601 SIX FORKS ROAD	
CITY-ST-ZIP	RALEIGH NC 27615	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	BUCZYNSKI, W P	
STREET ADDRESS	6601 SIX FORKS ROAD	
CITY-ST-ZIP	RALEIGH NC 27615	
TITLE	ASVD	<input type="checkbox"/> DELETE
NAME	MILLER, GERHARD A	
STREET ADDRESS	6601 SIX FORKS ROAD	
CITY-ST-ZIP	RALEIGH NC 27615	
TITLE	SVD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, GRAHAM J	
STREET ADDRESS	6601 SIX FORKS ROAD	
CITY-ST-ZIP	RALEIGH NC 27615	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/V/M/COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Messina, Glen A.	
1.3 STREET ADDRESS	3 Executive Campus	
1.4 CITY-ST-ZIP	Cherry Hill, NJ 08002	
2.1 TITLE	D/C/P/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mann, Thomas H.	
2.3 STREET ADDRESS	6601 Six Forks Road	
2.4 CITY-ST-ZIP	Raleigh, NC 27615	
3.1 TITLE	SV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bovarnick, Ellen	
3.3 STREET ADDRESS	6601 Six Forks Road	
3.4 CITY-ST-ZIP	Raleigh, NC 27615	
4.1 TITLE	SV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kenworthy, Catherine S.	
4.3 STREET ADDRESS	6601 Six Forks Road	
4.4 CITY-ST-ZIP	Raleigh, NC 27615	
5.1 TITLE	SV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Nastasi, Richard J.	
5.3 STREET ADDRESS	6601 Six Forks Road	
5.4 CITY-ST-ZIP	Raleigh, NC 27615	
6.1 TITLE	D/SV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Rabitz, JoAnn B.	
6.3 STREET ADDRESS	6601 Six Forks Road	
6.4 CITY-ST-ZIP	Raleigh, NC 27615	

\*See Schedule A for  
additional officers  
and directors.

14. 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**President**

**4/23/99**

Date

(609) 661-7150

Daytime Phone #

CR2E034 (11/98)

**SCHEDULE A TO FLORIDA PROFIT  
CORPORATION ANNUAL REPORT  
FOR GE CAPITAL MORTGAGE SERVICES, INC.**

545 472-90043-40

13. Additions to Officers and Directors in #12.

P06076

SV  
Stockton, Dmitri  
6601 Six Forks Road  
Raleigh, NC 27615

D/SV  
Weiland, Theodore F.  
6601 Six Forks Road  
Raleigh, NC 27615