

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 05, 1999 8:00 am Secretary of State

05-05-1999 90017 001 ***150.00

DOCUMENT # P08896

1. Corporation Name GE CAPITAL PUBLIC FINANCE, INC.



Principal Place of Business DEPT 8109 260 LONG RIDGE RD STAMFORD CT 06927-1600

Mailing Address DEPT 8109 260 LONG RIDGE RD STAMFORD CT 06927-1600

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01/30/1986	41-1527085	Not Applicable
City & State	City & State	5. Certificate of Status Desired		\$8.75 Additional Fee Required
Zip	Zip	<input type="checkbox"/>		\$5.00 May Be Added to Fees
Country	Country	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>
		8. This corporation owes the current year intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T 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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D	FANELLI, THOMAS F 44 OLD RIDGEBURY DANBURY CT 06810	1.1 TITLE	ASST Treas - Tax
		1.2 NAME	John Amato
		1.3 STREET ADDRESS	260 LONG RIDGE ROAD
		1.4 CITY-ST-ZIP	STAMFORD, CT 06927-0622
D	SMITH, J. GORDON 44 OLD RIDGEBURY DANBURY CT 06810	2.1 TITLE	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
D	SMITH, JEFFREY 44 OLD RIDGEBURY DANBURY CT 06810	3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
VP	REVELLE, WILLIAM C 44 OLD RIDGEBURY DANBURY CT 06810	4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
VP	TRENCH, JOSEPH J 44 OLD RIDGEBURY DANBURY CT 06810	5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
AS	MEEHAN, MICHAEL A 44 OLD RIDGEBURY DANBURY CT 06810	6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		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, with all other like empowered.

203-357-4544

SIGNATURE: SIGNATURE RECORDED AND NOTARIZED 4-28-99 Date Daytime Phone #

CR2E034 (1/198)