

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

102

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P09562 (0)

1. Corporation Name

GENERAL ELECTRIC HEALTHCARE FINANCIAL SERVICES, INC.



Principal Place of Business

260 LONG RIDGE RD.
P O BOX 8109
STAMFORD CT 06927

Mailing Address

P.O. BOX 9552
ATTN: SHANNON WILLIAMS
FT MYERS FL 33906-9552
US

3. Date Incorporated or Qualified
03/26/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Dept 8109

27

260 Long Ridge Rd.

28

Stamford, Ct 06927-9621

29

Zip

30

Country

4. FEI Number

06-1159509

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

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

10. Name and Address of New Registered Agent

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 his or her approval

Date: Registered Agent's signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	KIRK, RICHARD J.	
STREET ADDRESS	1600 SUMMER ST.	
CITY- ST- ZIP	STAMFORD CT	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	JACK, BRIAN	
STREET ADDRESS	1600 SUMMER ST.	
CITY- ST- ZIP	STAMFORD CT	

TITLE	DPC	<input type="checkbox"/> DELETE
NAME	CRAFT, STEPHEN	
STREET ADDRESS	260 LONG RIDGE RD.	
CITY- ST- ZIP	STAMFORD CT	

TITLE	AT	<input type="checkbox"/> DELETE
NAME	FIOR, DOMINIC A	
STREET ADDRESS	777 LONG RIDGE RD	
CITY- ST- ZIP	STAMFORD CT	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	GOOD, DAVID H.	
STREET ADDRESS	1600 SUMMER ST.	
CITY- ST- ZIP	STAMFORD CT	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

SEE
ATTACHED

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4.14

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, unchanged, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Buckley 4/16/96 2033574544

CR2E034 (12/95)

2-2

Officers and Directors

<u>Legal Name</u>	<u>Name</u>	<u>Business Address</u>	<u>Title</u>
General Electric Healthcare Financial Services	Brian Jack	1600 Sumner Street	Director & Treasurer
General Electric Healthcare Financial Services	David H. Good	1600 Sumner Street	Director & Secretary
General Electric Healthcare Financial Services	Richard J. Kirk	1600 Sumner Street	Director & Vice President
General Electric Healthcare Financial Services	Stephen Craft	4875 Highbee Avenue	Director, Chair, & President
General Electric Healthcare Financial Services	Robert J. Buckley	777 Long Ridge Road	Vice President
General Electric Healthcare Financial Services	Gary J. Schuman	777 Long Ridge Road	Assistant Treasurer-Taxes