

5 6-97 B-6437 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 280 LONG RIDGE RD. P O BOX 8109 STAMFORD CT 06927	Mailing Address DEPT. 8109 280 LONG RIDGE RD. STAMFORD CT 06927-1800 US
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3. Date Incorporated or Qualified 03/26/1986	3a. Date of Last Report 04/14/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 06-1159509	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	VP - Taxes
NAME	KIRK, RICHARD J.	1.2 NAME	Jeffrey L. Hyde
STREET ADDRESS	1600 SUMMER ST.	1.3 STREET ADDRESS	260 Long Ridge Rd
CITY-ST-ZIP	STAMFORD CT	1.4 CITY-ST-ZIP	Stamford, CT 06429
TITLE	DT	2.1 TITLE	
NAME	JACK, BRIAN	2.2 NAME	
STREET ADDRESS	1600 SUMMER ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	2.4 CITY-ST-ZIP	
TITLE	DPC	3.1 TITLE	
NAME	CRAFT, STEPHEN	3.2 NAME	
STREET ADDRESS	280 LONG RIDGE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	3.4 CITY-ST-ZIP	
TITLE	AT	4.1 TITLE	
NAME	FIORE, DOMINIC A	4.2 NAME	
STREET ADDRESS	777 LONG RIDGE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	
NAME	GOOD, DAVID H.	5.2 NAME	
STREET ADDRESS	1600 SUMMER ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Jeffrey L. Hyde Date: 4-27-97 Daytime Phone #: 203-357-4814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)