

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09562 (0)
1. Corporation Name
GENERAL ELECTRIC HEALTHCARE FINANCIAL SERVICES,
INC.



Principal Place of Business

Mailing Address

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

DEPT. 8109
260 LONG RIDGE RD.
STAMFORD CT 06927-9621
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/26/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		06-1159509	
24 Country		30 Country		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRK, RICHARD J.	1.2 NAME	
STREET ADDRESS	1800 SUMMER ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK, BRIAN	2.2 NAME	
STREET ADDRESS	1800 SUMMER ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	2.4 CITY-ST-ZIP	
TITLE	DPC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAFT, STEPHEN	3.2 NAME	
STREET ADDRESS	260 LONG RIDGE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	3.4 CITY-ST-ZIP	
TITLE	VPT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDE, JEFFREY L	4.2 NAME	
STREET ADDRESS	260 LONG RIDGE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOD, DAVID H.	5.2 NAME	
STREET ADDRESS	1800 SUMMER ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E034 (10/97)

For Year: 1998

4/29/98

000158

General Electric Healthcare Financial Services, Inc.
061159509

Name	Title	Business Address
Stephen Craft	Director	4875 Highbee Avenue Canton OH 44718
Stephen Craft	Chairman of the Board	4875 Highbee Avenue Canton OH 44718
David H. Good	Director	1600 Summer Street Stamford CT 06927
Brian Jack	Director	1600 Summer Street Stamford CT 06927
Richard J. Kirk	Director	1600 Summer Street Stamford CT 06927
John Arnato	Assistant Treasurer - State Taxes	777 Long Ridge Road Stamford CT 06927
Stephen Craft	President	4875 Highbee Avenue Canton OH 44718
David H. Good	Secretary	1600 Summer Street Stamford CT 06927
Jeffrey L. Hyde	Vice President - Taxes	777 Long Ridge Road Stamford CT 06927
Brian Jack	Treasurer	1600 Summer Street Stamford CT 06927
Richard J. Kirk	Vice President	1600 Summer Street Stamford CT 06927
Patricia M. Lecouras	Assistant Treasurer - State Taxes	777 Long Ridge Road Stamford CT 06927
Gary J. Schulman	Assistant Treasurer - Taxes	777 Long Ridge Rd. Stamford CT 06927