

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

1-2

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P10127 (9)

1. Corporation Name

GE CAPITAL COMMERCIAL ASSET FUNDING, 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 Dept. 8109
27 260 Long Ridge Rd.
28 Stamford, Ct 06927-0621
29 Zip
30 Country

3. Date Incorporated or Qualified
05/16/1986

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

4. FEI Number

06-1156016

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

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (Required)

(NOTE: Registered Agent signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
|-------|--------------------|-----------------------|-------------|---------------------------------|
| V | FIORE, DOMINIC A | 777 LONG RIDGE ROAD | STAMFORD CT | <input type="checkbox"/> |
| PD | NEAL, MICHAEL M. | 260 LONG RIDGE RD | STAMFORD CT | <input type="checkbox"/> |
| DV | SSMITH, J GORDON | 260 LONG RIDGE RD | STAMFORD CT | <input type="checkbox"/> |
| D | FANELLI, THOMAS F. | 260 LONG RIDGE ROAD | STAMFORD CT | <input type="checkbox"/> |
| VP | BRENNAN, WILLIAM H | 777 LONG RIDGE RD | STAMFORD CT | <input type="checkbox"/> |
| AS | ROBERTS, GLORIA | 44 OLD RIDGEBURY ROAD | DANBURY CT | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------|----------|--------------------|-----------------|---|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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***200.00

SEE
ATTACHED

☐ Change ☐ Addition

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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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Buckley 4/8/96 2033574544

CR2E034 (12/95)

2-26

3/4/96

086

GE Capital Commercial Asset Funding, Inc.

06-1156016

| Name | Title | Business Address |
|---------------------|-----------------------------------|---|
| William Brennan | Vice President - Taxes | 777 Long Ridge Rd. Stamford CT 06907 |
| Robert J. Buckley | Vice President - Taxes | 777 Long Ridge Rd. Stamford CT 06907 |
| Kenneth E. Keirison | Assistant Treasurer - Taxes | 777 Long Ridge Rd. Stamford CT 06907 |
| John Amato | Assistant Treasurer - State Taxes | 777 Long Ridge Road Stamford CT 06927 |
| Patricia J. Leconas | Assistant Treasurer - State Taxes | 777 Long Ridge Road Stamford CT 06927 |
| Gary J. Schulman | Assistant Treasurer - State Taxes | 777 Long Ridge Rd. Stamford CT 06907 |
| Judith Van Cleave | Assistant Treasurer - State Taxes | 4315 Metro Parkway Fort Meyers FL 33916 |