

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 # **P10127** (9)
1. Corporation Name
GE CAPITAL COMMERCIAL ASSET FUNDING, 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 06927-1600 US		3. Date Incorporated or Qualified 05/16/1986	3a. Date of Last Report 04/14/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 06-1156016	Applied For Not Applicable		
21	26	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	29	9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			
25		10. Name and Address of New Registered Agent			
26		81 Name			
27		82 Street Address (P.O. Box Number is Not Acceptable)			
28		83			
29		84 City			
30		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

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	V	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIOR, DOMINIC A	1.2 NAME	
STREET ADDRESS	777 LONG RIDGE ROAD	1.3 STREET ADDRESS	VP TAVES
CITY-ST-ZIP	STAMFORD CT	1.4 CITY-ST-ZIP	Jeffrey C Hyde
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, MICHAEL M.	2.2 NAME	
STREET ADDRESS	280 LONG RIDGE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SSMITH, J GORDON	3.2 NAME	
STREET ADDRESS	280 LONG RIDGE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANELLI, THOMAS F.	4.2 NAME	
STREET ADDRESS	280 LONG RIDGE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNAN, WILLIAM H	5.2 NAME	
STREET ADDRESS	777 LONG RIDGE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, GLORIA	6.2 NAME	
STREET ADDRESS	44 OLD RIDGEBURY ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DANBURY CT	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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0001885

CR2E034 (9/96)