

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10127

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1986

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 owes the current year Intangible
Personal Property Tax.

Yes No

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ASST TREASURER TAXES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN A MATO	
1.3 STREET ADDRESS	260 LONG RIDGE RD	
1.4 CITY-ST-ZIP	STAMFORD, CT 06927	
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		

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, with all other like empowered.

SIGNATURE:

John A. Mato
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

203-357-4544

CR2E034 (11/98)