

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90017 038 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P12283

1. Corporation Name
GENERAL ELECTRIC REAL ESTATE CREDIT CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 260 LONG RIDGE RD. DEPT. 8109
 P.O. BOX 8109 260 LONG RIDGE RD.
 STAMFORD CT 06927 STAMFORD FL 06927-9621

3. Date Incorporated or Qualified
11/24/1986

2. Principal Place of Business 2a. Mailing Address

4. FEI Number Applied For
13-2771827 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. 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	V	<input type="checkbox"/> DELETE
NAME	SANTORO, EDWARD J	
STREET ADDRESS	777 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KLOSTER, EDWARD J	
STREET ADDRESS	260 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WERNER, B J JR	
STREET ADDRESS	777 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WENDT, GARY C	
STREET ADDRESS	260 LONG RIDGE RD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HYDE, JEFFREY L	
STREET ADDRESS	260 LONG RIDGE RD	
CITY-ST-ZIP	STAMFORD CT 06927	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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: *Jeffrey L. Hyde* **203-357-4544**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
JEFFREY L. HYDE 4-28-99

CR2E034 (11/98)