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

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90017 031 ***150.00

DOCUMENT # P22241

1. Corporation Name

GENERAL ELECTRIC CAPITAL COMMERCIAL AUTOMOTIVE FINANCE, INC.

Principal Place of Business	Mailing Address
1000 HART RD BARRINGTON IL 60010 US	DEPT 8109 260 LONG RIDGE RD. STAMFORD CT 06927-9621 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business `21`	**2a.** Mailing Address `26`	**3.** Date Incorporated or Qualifed 12/22/1988
Suite, Apt. #, etc. `22`	Suite, Apt. #, etc. `27`	**4.** FEI Number 94-3054231 / Applied For / Not Applicable
City & State `23`	City & State `28`	**5.** Certifcate of Status Desired ☐ / $8.75 Additional Fee Required
Zip `24` / Country `25`	Zip `29` / Country `30`	**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

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 **PD**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **BOLGER, JAMES J.**		1.2 NAME	
STREET ADDRESS **1000 HART RD.**		1.3 STREET ADDRESS	
CITY-ST-ZIP **BARRINGTON IL**		1.4 CITY-ST-ZIP	
TITLE **S**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **GRABER, SARAH J.**		2.2 NAME	
STREET ADDRESS **600 HART RD.**		2.3 STREET ADDRESS	
CITY-ST-ZIP **BARRINGTON IL**		2.4 CITY-ST-ZIP	
TITLE **T**	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME **EGNA, STEVEN M.**		3.2 NAME	
STREET ADDRESS **1000 HART RD**		3.3 STREET ADDRESS	
CITY-ST-ZIP **BARRINGTON IL**		3.4 CITY-ST-ZIP	
TITLE **D**	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME **DERICKSON, SANDRA L.**		4.2 NAME	
STREET ADDRESS **600 HART RD.**		4.3 STREET ADDRESS	
CITY-ST-ZIP **BARRINGTON IL 60010**		4.4 CITY-ST-ZIP	
TITLE **VPT**	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME **HYDE, JEFFERY L**		5.2 NAME	
STREET ADDRESS **260 LONG RIDGE RD.**		5.3 STREET ADDRESS	
CITY-ST-ZIP **STAMFORD CT**		5.4 CITY-ST-ZIP	
TITLE **D**	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME **PRALLE, MICHAEL E.**		6.2 NAME	
STREET ADDRESS **1000 HART ROAD**		6.3 STREET ADDRESS	
CITY-ST-ZIP **BARRINGTON IL**		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.

203-357-4544

SIGNATURE: _____ Jeffrey L Hyde 4.28.99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E034 (11/98)