

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P26216 (2)
1. Corporation Name
FOUNTAINS RPF REALTY CORPORATION

Principal Place of Business
3003 SUMMER ST
STAMFORD CT 06904

Mailing Address
C/O GEICOR TAX DEPT
P.O. BOX 120073
STAMFORD CT 06912-0073

FILED

97 MAY -1 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/28/1989		3a. Date of Last Report 06/22/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 51-0322251		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V RIORDAN, PHILIP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3003 SUMMER RD	1.2 NAME	
STREET ADDRESS	STAMFORD CT	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	000002161860--8
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRONE, MICHAEL J	2.2 NAME	
STREET ADDRESS	3003 SUMMER RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	STAMFORD CT	2.4 CITY - ST - ZIP	
TITLE	TV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWYER, PATRICK F	3.2 NAME	
STREET ADDRESS	3003 SUMMER RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	STAMFORD CT	3.4 CITY - ST - ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARGENT, PRESTON R	4.2 NAME	
STREET ADDRESS	3003 SUMMER ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	STAMFORD CT 06904	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied in 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 of this filing.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

(203) 326-2300

CR2E034 (9/96)



pg. 2

ACCOUNT NO. : 072100000032

REFERENCE : 350542 5033850

AUTHORIZATION :

COST LIMIT : \$ 165.00

Patricia Pizub

ORDER DATE : May 1, 1997

ORDER TIME : 10:09 AM

ORDER NO. : 350542-030

CUSTOMER NO: 5033850

CUSTOMER: Ms. Deborah Kavanagh
Ge Investment Co.
3003 Summer Street

Stamford, CT 06905

ANNUAL REPORT FILING

NAME: FOUNTAINS RPF REALTY
CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS:

RECEIVED
97 MAY -1 AM 11:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA