

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

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P30947** (6)  
1. Corporation Name  
**GE CAPITAL ASSET MANAGEMENT CORPORATION**



Principal Place of Business <b>2000 WEST LOOP SOUTH SUITE 1200 HOUSTON TX 77027 US</b>	Mailing Address <b>PO BOX 420250 SUITE 1200 HOUSTON TX 77242-0250 US</b>
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3. Date Incorporated or Qualified <b>09/17/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>56-1713949</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>363 North Sam Houston Pkwy</b> Suite, Apt. #, etc. 22 <b>Suite 1200</b> City & State 23 <b>Houston, TX 77060</b> Zip Country 24	2a. Mailing Address 26 <b>P.O. Box 671568</b> Suite, Apt. #, etc. 27 City & State 28 <b>Houston, TX 77267</b> Zip Country 29
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9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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, type or print name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, BETHANN C.</b>	1.2 NAME	
STREET ADDRESS	<b>2000 WEST LOOP SOUTH SUITE 1200</b>	1.3 STREET ADDRESS	<b>363 N. Sam Houston Parkway East, Ste. 1200</b>
CITY - ST - ZIP	<b>HOUSTON TX</b>	1.4 CITY - ST - ZIP	<b>Houston, TX 77060</b>
TITLE	<b>T</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAILEY, ROBERT W.</b>	2.2 NAME	
STREET ADDRESS	<b>2000 WEST LOOP SOUTH SUITE 1200</b>	2.3 STREET ADDRESS	<b>363 North Sam Houston Pkwy East, Ste. 1200</b>
CITY - ST - ZIP	<b>HOUSTON TX</b>	2.4 CITY - ST - ZIP	<b>Houston, TX 77060</b>
TITLE	<b>EV</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, DONALD R</b>	3.2 NAME	
STREET ADDRESS	<b>2000 WEST LOOP SOUTH SUITE 1200</b>	3.3 STREET ADDRESS	<b>363 N. Sam Houston Parkway East, Ste. 1200</b>
CITY - ST - ZIP	<b>HOUSTON TX</b>	3.4 CITY - ST - ZIP	<b>Houston, TX 77060</b>
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOROM, MIACHEL P.</b>	4.2 NAME	
STREET ADDRESS	<b>6801 SIX FORKS ROAD</b>	4.3 STREET ADDRESS	<b>PAMELA S. SCHUTZ</b>
CITY - ST - ZIP	<b>RALEIGH NC</b>	4.4 CITY - ST - ZIP	<b>16479 DALLAS PARKWAY, SUITE 400</b>
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRAIZER, MICHAEL D.</b>	5.2 NAME	
STREET ADDRESS	<b>292 LONG RIDGE ROAD</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STAMFORD CT</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANOTRO, EDWARD J.</b>	6.2 NAME	
STREET ADDRESS	<b>292 LONG RIDGE ROAD</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STAMFORD CT</b>	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: *Bethann C. Roberts* **BETHANN C. ROBERTS** 3/25/97 (281) 405-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)