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Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P30947** (6) n/c 2/12/98
1. Corporation Name
GE CAPITAL ASSET MANAGEMENT CORPORATION
(now known as GE Capital Loan Services, Inc.)

Principal Place of Business 363 NORTH SAM HOUSTON PKWY STE 1200 HOUSTON TX 77027 US	Mailing Address P.O. BOX 671568 HOUSTON TX 77242-0250 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/17/1990

2. Principal Place of Business 21 363 N. Sam Houston Pkwy E Suite, Apt. #, etc. 22 Suite 200 City & State 23 Houston, TX Zip 24 77060-2424	2a. Mailing Address 25 P.O. Box 671568 Suite, Apt. #, etc. 27 City & State 28 Houston, TX Zip 29 77267-1568
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4. FEI Number
56-1713949
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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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
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	P
NAME	ROBERTS, BETHANN C.
STREET ADDRESS	363 N SAM HOUSTON PKWY E STE 1200
CITY-ST-ZIP	HOUSTON TX
TITLE	T
NAME	BAILEY, ROBERT W.
STREET ADDRESS	363 NORTH SAM HOUSTON PKWY E STE 1200
CITY-ST-ZIP	HOUSTON TX
TITLE	EV
NAME	SMITH, DONALD R
STREET ADDRESS	363 N SAM HOUSTON PKWY E STE 1200
CITY-ST-ZIP	HOUSTON TX
TITLE	D
NAME	SCHUTZ, PAMELA S
STREET ADDRESS	18479 DALLAS PARKWAY STE 400
CITY-ST-ZIP	DALLAS TX
TITLE	D
NAME	FRAIZER, MICHAEL D.
STREET ADDRESS	282 LONG RIDGE ROAD
CITY-ST-ZIP	STAMFORD CT
TITLE	D
NAME	SANOTRO, EDWARD J.
STREET ADDRESS	282 LONG RIDGE ROAD
CITY-ST-ZIP	STAMFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President
1.2 NAME	Joseph F. Beggins
1.3 STREET ADDRESS	363 N Sam Houston Pkwy E Ste 200
1.4 CITY-ST-ZIP	Houston TX 77060-2424
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	4000024776504
3.2 NAME	-04/03/98--01011--016
3.3 STREET ADDRESS	***150.00
3.4 CITY-ST-ZIP	
4.1 TITLE	Director
4.2 NAME	Ronald Pressman
4.3 STREET ADDRESS	292 Long Ridge Road
4.4 CITY-ST-ZIP	Stamford, CT 06927
5.1 TITLE	Director
5.2 NAME	Robert Pfeiffer
5.3 STREET ADDRESS	292 Long Ridge Road
5.4 CITY-ST-ZIP	Stamford, CT 06927
6.1 TITLE	Director
6.2 NAME	Bethann C. Roberts
6.3 STREET ADDRESS	292 Long Ridge Road
6.4 CITY-ST-ZIP	Stamford, CT 06927

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.

SIGNATURE: *Joseph F. Beggins* Joseph F. Beggins 2/23/98 (281)405-7000

CR2E034 (10/97)