

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



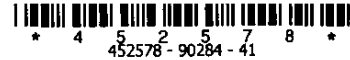
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90284 041 ***150.00

DOCUMENT # P 30947 (6)
1. Corporation Name

GE CAPITAL LOAN SERVICES, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
9/17/1990

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 PRESIDENT ☐ DELETE
NAME JOSEPH F. BEGGINS
STREET ADDRESS 363 N SAM HOUSTON PKWY E STE 1200
CITY-ST-ZIP HOUSTON, TX 77060

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TREASURER ☐ DELETE
NAME ROBERT W. BAILEY
STREET ADDRESS 363 N SAM HOUSTON PKWY E STE 1200
CITY-ST-ZIP HOUSTON TX 77060

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SENIOR VICE PRESIDENT ☐ DELETE
NAME SHARI HARTWELL-COOK
STREET ADDRESS 363 N SAM HOUSTON PKWY E STE 1200
CITY-ST-ZIP HOUSTON, TX 77060

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DIRECTOR ☐ DELETE
NAME RONALD PRESSMAN
STREET ADDRESS 292 LONG RIDGE ROAD
CITY-ST-ZIP STAMFORD, CT 06927

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DIRECTOR ☐ DELETE
NAME ROBERT PFEIFFER
STREET ADDRESS 292 LONG RIDGE ROAD
CITY-ST-ZIP STAMFORD, CT 06927

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DIRECTOR ☐ DELETE
NAME BETHANN ROBERTS
STREET ADDRESS 292 LONG RIDGE ROAD
CITY-ST-ZIP STAMFORD, CT 06927

6.1 TITLE ☐ Change ☐ 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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH F. BEGGINS

4/21/99

Date

(281) 405-7000

Daytime Phone #

CR2E034 (11/98)