

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 2:31**

DOCUMENT # P32358 (4)

1. Corporation Name
GE REAL ESTATE VALUATION SERVICES, INC.

Principal Place of Business Mailing Address
**6601 SIX FORKS RD.
SUITE 270
RALEIGH NC 27615
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/27/1990	03/17/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 None		27 None		76-0098671	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
CT CORPORATION SYSTEM 1200 S. 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	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARMORE, GREGORY T.	1.2 NAME	
STREET ADDRESS	6601 SIX FORKS ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	RALEIGH NC	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAGE, P. RICHARD	2.2 NAME	Heck, Martin H.
STREET ADDRESS	6601 SIX FORKS ROAD	2.3 STREET ADDRESS	6601 Six Forks Road
CITY - ST - ZIP	RALEIGH NC	2.4 CITY - ST - ZIP	Raleigh, North Carolina 27615
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOROM, MICHAEL P	3.2 NAME	
STREET ADDRESS	6601 SIX FORKS ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	RALEIGH NC	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFEIFFER, THOMAS M	4.2 NAME	V
STREET ADDRESS	6601 SIX FORKS RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	RALEIGH NC	4.4 CITY - ST - ZIP	
TITLE	DV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GERHARD A.	5.2 NAME	
STREET ADDRESS	6601 SIX FORKS ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	RALEIGH NC	5.4 CITY - ST - ZIP	
TITLE	VS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDUGALL, KEVIN L	6.2 NAME	
STREET ADDRESS	6601 SIX FORKS RD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	RALEIGH NC	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Kevin L. McDougall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KEVIN L. MCDUGALL

1/16/95
Date

(Typed Name)