

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P32358** (4)

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



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

3. Date Incorporated or Qualified: **12/27/1990**  
3a. Date of Last Report: **02/07/1995**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

4. FEI Number: **76-0098671**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 607.1506, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?
TITLE: <b>DC</b>	<b>BARMORE, GREGORY T.</b>	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BARMORE, GREGORY T.</b>	<b>6601 SIX FORKS ROAD</b>	1.2 NAME
STREET ADDRESS: <b>6601 SIX FORKS ROAD</b>	<b>RALEIGH NC</b>	1.3 STREET ADDRESS
CITY-ST-ZIP: <b>RALEIGH NC</b>		1.4 CITY-ST-ZIP
TITLE: <b>D</b>	<b>HECK, MARTIN H</b>	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HECK, MARTIN H</b>	<b>6601 SIX FORKS ROAD</b>	2.2 NAME
STREET ADDRESS: <b>6601 SIX FORKS ROAD</b>	<b>RALEIGH NC</b>	2.3 STREET ADDRESS
CITY-ST-ZIP: <b>RALEIGH NC</b>		2.4 CITY-ST-ZIP
TITLE: <b>DT</b>	<b>BOROM, MICHAEL P</b>	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BOROM, MICHAEL P</b>	<b>6601 SIX FORKS ROAD</b>	3.2 NAME
STREET ADDRESS: <b>6601 SIX FORKS ROAD</b>	<b>RALEIGH NC</b>	3.3 STREET ADDRESS
CITY-ST-ZIP: <b>RALEIGH NC</b>		3.4 CITY-ST-ZIP
TITLE: <b>V</b>	<b>PFEIFFER, THOMAS M</b>	4.1 TITLE: <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>PFEIFFER, THOMAS M</b>	<b>6601 SIX FORKS RD.</b>	4.2 NAME
STREET ADDRESS: <b>6601 SIX FORKS RD.</b>	<b>RALEIGH NC</b>	4.3 STREET ADDRESS
CITY-ST-ZIP: <b>RALEIGH NC</b>		4.4 CITY-ST-ZIP
TITLE: <b>DV</b>	<b>MILLER, GERHARD A.</b>	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MILLER, GERHARD A.</b>	<b>6601 SIX FORKS ROAD</b>	5.2 NAME
STREET ADDRESS: <b>6601 SIX FORKS ROAD</b>	<b>RALEIGH NC</b>	5.3 STREET ADDRESS
CITY-ST-ZIP: <b>RALEIGH NC</b>		5.4 CITY-ST-ZIP
TITLE: <b>VS</b>	<b>MCDUGALL, KEVIN L</b>	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MCDUGALL, KEVIN L</b>	<b>6601 SIX FORKS RD.</b>	6.2 NAME
STREET ADDRESS: <b>6601 SIX FORKS RD.</b>	<b>RALEIGH NC</b>	6.3 STREET ADDRESS
CITY-ST-ZIP: <b>RALEIGH NC</b>		6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
Director, CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Carolyn S. Littles	
6601 Six Forks Road	
Raleigh, NC 27615	
Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
C.F. Steineger	
6601 Six Forks Road	
Raleigh, NC 27615	

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 119.07(3)(k), 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: Charles F. Steineger  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/96 DATE (919) 846-4100 CONTACT PHONE #

CR2E034 (12/95)