FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-1-95 B 66649 MC

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000041815 (0) 023

1. Corporation Name

G. E. CAPITAL ADMINISTRATIVE SERVICES OF FLORIDA , INC.

Principal Place of Business	Mailing Address
260 LONGRIDGE ROAD STAMFORD CT 06927	260 LONGRIDGE ROAD STAMFORD CT 06927

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1993

3a. Date of Last Report: 04/12/1994

2. Principal Place of Business
21

2a. Mailing Address
26 GE CAPITAL CORPORATION

Suite, Apt. #, etc.
22

Suite, Apt. #
27 P.O. BOX 9552

City & State
23

City & State
28 FT. MYERS, FL 33906-9552

Zip / Country
24 / 25

Zip / Country
29 / 30 Attn: Shannon Williams

4. FEI Number: 06-1373080 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
DEPT. OF INSURANCE
THE CAPITOL
TALLAHASSEE FL 32314

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 _____ DATE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	A/T	☐ Change ☒ Addition
NAME	METCALF, MARC G	12 NAME	Oscar Gurza	
STREET ADDRESS	260 LONG RIDGE ROAD	13 STREET ADDRESS	4211 Metro Parkway	
CITY ST ZIP	STAMFORD CT 06927	14 CITY ST ZIP	Ft Myers, FL 33916	
TITLE	DS	21 TITLE		☐ Change ☐ Addition
NAME	MURPHY, AMBROSE J	22 NAME		
STREET ADDRESS	260 LONG RIDGE ROAD	23 STREET ADDRESS		
CITY ST ZIP	STAMFORD CT 06927	24 CITY ST ZIP		
TITLE	DT	31 TITLE		☐ Change ☐ Addition
NAME	REIDY, GERARD J	32 NAME		
STREET ADDRESS	260 LONG RIDGE ROAD	33 STREET ADDRESS		
CITY ST ZIP	STAMFORD CT 06927	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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: _____ 4/27/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

ASSISTANT TREASURER
STATE TAXES

0000460 CP