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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P93000041815 (0) **DOCUMENT #** 

G.E. CAPITAL ADMINISTRATIVE SERVICES, INC.

Mailing Address Principal Place of Business 260 LONGRIDGE ROAD P.O. BOX 9552 STAMFORD CT 06927 ATTN: SHANNON WILLIAMS FT MYERS FL 33906-9552

|--|--|

		US			3. Date Incorporated or Qualified <b>06/14/1993</b>		ite of Last Report <b>05/01/1995</b>
Principa!	Place of Business	2a. Mailing Add	Iress		4. FB Number		Applied For
ī		26 Doot 8	1100		06-1373080		Not Applicable
Suite, Ap	ot. #, etc.	27260 Long Ridge Rd.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & St	tate	Stamfo	ord, Ct 0692	27-96 <b>21</b>	Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 4	Country 25	Z <sub>(</sub> p)	Gount <b>30</b>	try	8. This corporation has liability for in Florioa Statutes Yes	ntangible No	tax under s 199.032,
	9. Name and Address of Cu	rrent Registered Agen			10. Name and Address of New R	egistere	d Agent
			ε	Name			
INSURANCE COMMISSIONER DEPT. OF INSURANCE			8	82 Street Address (P.O. Box Number is Not Acceptable)			
	CAPITOL AHASSEE FL 32314		[8	13			
IALL	MRMODEE FL 32314		E	34 City		F	L 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes.

SIGNATURE _	Signature, typed or praited has e of registered agest as:		t. Registered Agest signal, reine juned	Laboration (Salaton)
12.	olgraftire, typed or prefed has elst registered agest as i OFFICERS AND L		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1 1 TITCE	☐ Change ☐ Addition ☐
NAME	METCALF, MARC G		1.2 NAME	
STREET ADDRESS	260 LONG RIDGE ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06927		1.4 CITY - ST - ZIP	
TITLE	DS	□ DELETE	2 1 TIFLE	-04/15/9601055018
NAME	MURPHY, AMBROSE J		2 2 NAME	***200.00
STREET ADDRESS	260 LONG RIDGE ROAD		2.3 STREEL ADDRESS	***ZUU.UU
CITY-ST-ZIP	STAMFORD CT 06927		2 4 CHY - ST - ZiP	
TITLE	DT	☐ DEFEIE	3 TITLE	☐ Change ☐ Addition
NAME	REIDY, GERARD J		3.2 NAME	055
STREET ADDRESS	260 LONG RIDGE ROAD		3.3 STREET ADDRESS	SEE ATTACHED Change Cl Addition
CITY-ST-ZIP	STAMFORD CT 06927		3.4 CITY - \$1 - 7IP	ATTACHED
TITLE	AT	☐ DELETE	4 1 T TLE	Change Change Addition
NAME	GARZA, OSCAR		4.2 NAME	
STREET ADDRESS	4211 METRO PARKWAY		4.3 STREET ADDRESS	
CITY-S1-ZIP	FT MYERS FL		4.4.C-TY - ST - 7:P	
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY+ST+ZIP			54 Clitv - S1 - 7IP	, ,
TITLE		☐ DELETE	6 1 TITLE	Change Chaddition
NAME			6.2 NAME	N. W
STREET ADDRESS			6.3 STREET ADDRESS	> \lambda.\\\
CITY-S1-ZIP			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 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 en powered 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:

Thurst Hollan Sary J. Schulman

4/8/96 2033514544

Name	Title	Business Address
Ambrose J. Murphy	Director	260 Long Ridge Road Stamford CT 06927
Marc G. Metcalf	Director	260 Long Ridge Road Stamford CT 06927
Gerard J. Reidy	Director	260 Long Ridge Road Stamford CT 06927
Elaine S. Keller	Assistant Treasurer - State Taxes	777 Long Ridge Rd. Stamford CT 06927
Gary J. Schulman	Assistant Treasurer - State Taxes	777 Long Ridge Rd. Stamford CT 06927
Const Donat	Assistant Treasurer - State Taxes	777 Long Ridge Rd. Stamford CT 06927