

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

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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION -
ANNUAL REPORT
1997



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

DOCUMENT # P93000041815 (0)

1. Corporation Name
G.E. CAPITAL ADMINISTRATIVE SERVICES, INC.



Principal Place of Business
280 LONGRIDGE ROAD
STAMFORD CT 06927

Mailing Address
DEPT. 8109
280 LONG RIDGE RD.
STAMFORD CT 06927-1800
US

3. Date Incorporated or Qualified 06/14/1993	3a. Date of Last Report 04/14/1996
4. FEI Number 06-1373080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

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

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, AMBROSE J	2.2 NAME	
STREET ADDRESS	280 LONG RIDGE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06927	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIDY, GERARD J	3.2 NAME	
STREET ADDRESS	280 LONG RIDGE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06927	3.4 CITY-ST-ZIP	
TITLE	AT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARZA, OSCAR	4.2 NAME	
STREET ADDRESS	4211 METRO PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Asst Treasurer - Taxes
STREET ADDRESS		5.3 STREET ADDRESS	GARY S. SCHULMAN
CITY-ST-ZIP		5.4 CITY-ST-ZIP	777 Long Ridge Rd
TITLE		6.1 TITLE	Stamford, CT 06927-9622
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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.

CR2E034 (9/96)