

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 06927-9621  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/14/1993	
21		26		4. FEI Number 06-1373080	Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country		29 Country		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
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 date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	METCALF, MARC G		1.2 NAME				
STREET ADDRESS	280 LONG RIDGE ROAD		1.3 STREET ADDRESS				
CITY - ST - ZIP	STAMFORD CT 06927		1.4 CITY - ST - ZIP				
TITLE	DS	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	ATT	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SCHULMAN, GARY J		5.2 NAME				
STREET ADDRESS	777 LONG RIDGE RD		5.3 STREET ADDRESS				
CITY - ST - ZIP	STAMFORD CT		5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			6.4 CITY - ST - ZIP				

14. I 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.

SIGNATURE:

*Theresa G. Schulman* 4-27-98

203-357-4544

CR2E034 (10/97)