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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 # P14270 (3)
1. Corporation Name
GNA SECURITIES, INC.



Principal Place of Business: 601 UNION STREET SUITE 5800 SEATTLE WA 98101-2336
Mailing Address: GE CAPITAL CORP. ATTN: SHANNON WILLIAMS P.O. BOX 9552 FT. MYERS FL 33906-9552

3. Date Incorporated or Qualified: 05/01/1987
3a. Date of Last Report: 04/14/1996
4. FEI Number: 91-1143830
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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
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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> DELETE
NAME	WILES, EDWARD J JR	
STREET ADDRESS	5800 TWO UNIO SQUARE	
CITY-ST-ZIP	SEATTLE WA	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MOSES, VICTOR C	
STREET ADDRESS	5800 TWO UNION SQUARE	
CITY-ST-ZIP	SEATTLE WA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HARRINGTON, KARRI J.	
STREET ADDRESS	601 UNION STREET, SUITE 5800	
CITY-ST-ZIP	SEATTLE WA 98101-2336	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WELCH, PATRICK E	
STREET ADDRESS	5800 TWO UNION SQAURE	
CITY-ST-ZIP	SEATTLE WA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUGUNIN, JEFFREY I.	
STREET ADDRESS	601 UNION STREET, SUITE 5800	
CITY-ST-ZIP	SEATTLE WA 98101-2336	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	STIFF, GEOFFREY S.	
STREET ADDRESS	601 UNION STREET, SUITE 5800	
CITY-ST-ZIP	SEATTLE WA 98101-2336	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wiles, EDWARD J. JR	
1.3 STREET ADDRESS	601 Union Street * 5600	
1.4 CITY-ST-ZIP	Seattle, WA 98101-2336	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Moses, Victor C	
2.3 STREET ADDRESS	601 Union Street * 5600	
2.4 CITY-ST-ZIP	Seattle, WA 98101-2336	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Curtis, Scott A	
4.3 STREET ADDRESS	601 Union Street, Suite 5600	
4.4 CITY-ST-ZIP	Seattle, WA 98101-2336	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Stiff, Geoffrey S.	
6.3 STREET ADDRESS	601 Union Street, Suite 5600	
6.4 CITY-ST-ZIP	Seattle, WA 98101-2336	

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.

SIGNATURE: *Karrington Harrington* 4-29-97 2066251755
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)