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ROTECH HEALTHCARE INC

Form 3 May 18, 2006

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *

À GE CAPITAL CFE INC

(Last) (First) (Middle) Statement

(Month/Day/Year)

04/25/2006

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

ROTECH HEALTHCARE INC [ROHI]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O GENERAL ELECTRIC

CAPITAL

CORPORATION. 201

MERRITT 7

(Street)

(Check all applicable)

Director Officer Other

_X__ 10% Owner (give title below) (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)

Form filed by One Reporting

Person

X Form filed by More than One

Reporting Person

NORWALK, CTÂ 06856

(City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security

(Instr. 4)

2. Amount of Securities Beneficially Owned

(Instr. 4)

Ownership Form:

4. Nature of Indirect Beneficial Ownership

(Instr. 5)

Direct (D) or Indirect

(Instr. 5)

Common Stock, par value \$.0001

2,551,156

D (1) (2)

Â

Reminder: Report on a separate line for each class of securities beneficially

owned directly or indirectly.

SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying **Derivative Security**

Conversion or Exercise

Ownership Form of

6. Nature of Indirect Beneficial Ownership

(Instr. 5)

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		(Instr. 4)		Price of	Derivative
Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships			
Toporting O mark Amaze, Amazeus	Director	10% Owner	Officer	Other	
GE CAPITAL CFE INC C/O GENERAL ELECTRIC CAPITAL CORPORATION 201 MERRITT 7 NORWALK, CT 06856	Â	ÂX	Â	Â	
GENERAL ELECTRIC CO 3135 EASTON TURNPIKE FAIRFIELD, CT 06431	Â	Â	Â	See footnotes (1) & (2)	
GENERAL ELECTRIC CAPITAL SERVICES INC/CT 201 MERRITT 7 NORWALK, CT 06856	Â	Â	Â	See footnotes (1) & (2)	
GENERAL ELECTRIC CAPITAL CORP 201 MERRITT 7 NORWALK, CT 06856	Â	Â	Â	See footnotes (1) & (2)	

Signatures

Oignatur 00		
/s/ Keith Helming, as Vice President of GE Capital CFE, Inc. and General Electric Capital Corporation		
**Signature of Reporting Person	Date	
/s/ Barbara A. Lane, as attorney-in-fact for General Electric Capital Services, Inc. and General Electric Company	05/17/2006	

Date

**Signature of Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
 - GE Capital CFE, Inc. ("GECFE") directly owns 2,551,156 shares of Common Stock of the issuer, Rotech Healthcare, Inc. General
- (1) Electric Capital Corporation ("GE Capital") is the parent company of GECFE. General Electric Capital Services, Inc. ("GECS") is the parent company of GE Capital. General Electric Company ("GE") is the parent company of GECS.
- Pursuant to Rule 16a-1(4) promulgated under the Securities and Exchange Act of 1934, as amended, each of GE Capital, GECS and GE disclaims beneficial ownership of the Common Stock directly owned by GECFE.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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