

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003945

FILED
Mar 15, 2011
Secretary of State

Entity Name: GENERAL ELECTRIC CAPITAL CORPORATION

Current Principal Place of Business:

901 MAIN AVENUE
NORWALK, CT 06851

New Principal Place of Business:

Current Mailing Address:

800 LONG RIDGE ROAD
CORPORATE TAX DEPARTMENT
STAMFORD, CT 06927

New Mailing Address:

FEI Number: 13-1500700 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PDCO
Name: NEAL, MICHAEL
Address: 901 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851 US

Title: VDS
Name: MORGAN, J. KEITH
Address: 901 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851 US

Title: VPD
Name: D'AVINO, RICHARD
Address: 800 LONG RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927 US

Title: ATT
Name: FIAMMETTA, DONNA
Address: 800 LONG RIDGE
City-St-Zip: STAMFORD, CT 06927 US

Title: VPT
Name: CASSIDY, KATHRYN
Address: 201 LONG RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927 US

Title: ATS
Name: JOHNSON-BROWN, ANGELINA
Address: 800 LONG RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANGELINA JOHNSON-BROWN

ATS

03/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date