## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 858078** 

FILED Apr 19, 2004 Secretary of State

Entity Name: GENERAL ELECTRIC CAPITAL BUSINESS ASSET FUNDING CORPORATION

Current Principal Place of Business:			11011 1 11110	New Principal Place of Business:		
10900 NE PO BOX (	C-97550	US	PO BOX C-			
,			,			
Current N	lailing Addres	S:	New Mailin	g Address:		
PO BOX ( BELLEVU	097550 E, WA 98009	US				
FEI Number	: 91-1219984	FEI Number Applied For()	FEI Number Not Appli	cable ( ) Certificate of Status Desired ( )		
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
1200 S. PI	ORATION SYS NE ISLAND RC ION, FL 33324					
	e named entity s e of Florida.	ubmits this statement for the p	urpose of changing its	s registered office or registered agent, or both,		
SIGNATU	RE:					
	Electroni	ic Signature of Registered Age	nt	Date		
Election Ca	mpaign Financing	Trust Fund Contribution ( ).				
	C AND DIDEO	rons.				
OFFICER	S AND DIRECT	IORS:	ADDITIONS	S/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address:		Delete E ST., STE. 500	Title: Name: Address: City-St-Zip:	6/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () NELSON, BRUC 10900 NE 4TH S BELLEVUE, WA	Delete EET., STE. 500 . 98004 Delete WILLIAM M. ST., STE, 500	Title: Name: Address:			
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address:	PD () NELSON, BRUC 10900 NE 4TH S BELLEVUE, WA  V () WATERFIELD, V 10900 NE 4TH S BELLEVUE, WA	Delete EE ST., STE. 500  98004  Delete WILLIAM M. ST., STE, 500  98004  Delete EPH G. ST., STE 500	Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Addition		
OFFICER Title: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip:	PD () NELSON, BRUC 10900 NE 4TH S BELLEVUE, WA  V () WATERFIELD, N 10900 NE 4TH S BELLEVUE, WA  VD () ROONEY, JOSE 10900 NE 4TH S BELLEVUE, WA	Delete EE ST., STE. 500	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition		
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address:	PD () NELSON, BRUC 10900 NE 4TH S BELLEVUE, WA  V () WATERFIELD, Y 10900 NE 4TH S BELLEVUE, WA  VD () ROONEY, JOSE 10900 NE 4TH S BELLEVUE, WA  VS () BRACKEN, LINE 10900 NE 4TH S BELLEVUE, WA  VS () SRACKEN, LINE 10900 NE 4TH S BELLEVUE, WA  V () YOKAN, CHRIST	Delete EE ST., STE. 500  98004  Delete WILLIAM M. ST., STE, 500  98004  Delete EPH G. ST., STE 500  98004  Delete DA K ST., STE. 500  98004  Delete DA K DELETE DA C DA C DELETE DA C DA C DELETE DA C	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition  ( ) Change ( ) Addition  ( ) Change ( ) Addition		

Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LINDA K. BRACKEN

VS

04/19/2004

Electronic Signature of Signing Officer or Director

Date