

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 858078

FILED
Apr 26, 2006
Secretary of State

Entity Name: GE COMMERCIAL FINANCE BUSINESS PROPERTY CORPORATION

Current Principal Place of Business:

10900 NE 4TH ST, SUITE 500
PO BOX C-97550
BELLEVUE, WA 98004 US

New Principal Place of Business:

Current Mailing Address:

PO BOX C97550
BELLEVUE, WA 98009 US

New Mailing Address:

FEI Number: 91-1219984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NELSON, BRUCE
Address: 10900 NE 4TH ST., STE. 500
City-St-Zip: BELLEVUE, WA 98004

Title: V () Delete
Name: WATERFIELD, WILLIAM M.
Address: 10900 NE 4TH ST., STE. 500
City-St-Zip: BELLEVUE, WA 98004

Title: VD () Delete
Name: ROONEY, JOSEPH G.
Address: 10900 NE 4TH ST., STE 500
City-St-Zip: BELLEVUE, WA 98004

Title: VS () Delete
Name: BRACKEN, LINDA K
Address: 10900 NE 4TH ST., STE. 500
City-St-Zip: BELLEVUE, WA 98004

Title: V () Delete
Name: YOKAN, CHRISTINE
Address: 10900 N.E. FOURTH STREET - SUITE 500
City-St-Zip: BELLEVUE, WA 98004

Title: T () Delete
Name: BIRNBAUM, STEVE
Address: 10900 NE 4TH STREET, SUITE 500
City-St-Zip: BELLEVUE, WA 98004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VS (X) Change () Addition
Name: AYERS, KRISTA J
Address: 10900 NE 4TH ST., STE. 500
City-St-Zip: BELLEVUE, WA 98004

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KRISTA J. AYERS

VS

04/26/2006

Electronic Signature of Signing Officer or Director

Date