2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 858078

FILED Apr 17, 2007 Secretary of State

Entity Name: GE COMMERCIAL FINANCE BUSINESS PROPERTY CORPORATION

Current Principal Place of Business:				New Principal Place of Business:				
10900 NE 4TH ST, SUITE 500 PO BOX C-97550 BELLEVUE, WA 98004 US				10900 NE 4TH STREET SUITE 500 BELLEVUE, WA 98004				
Current Mailing Address:				New Mailing Address:				
PO BOX C97550 BELLEVUE, WA 98009		US	SI		10900 NE 4TH STREET SUITE 500 BELLEVUE, WA 98004		US	
FEI Number: 9	91-1219984	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Stat	us Desired()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US								
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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR							AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () D NELSON, BRUCE 10900 NE 4TH ST BELLEVUE, WA	T., STE. 500		Title: Name: Address: City-St-Zip:	,	() Change () Addition	n	
Title: Name: Address: City-St-Zip:	V () D WATERFIELD, W 10900 NE 4TH ST BELLEVUE, WA	T., STE, 500		Title: Name: Address: City-St-Zip:	MOORE, WIL	H ST., STE, 500	n	
Title: Name: Address: City-St-Zip:	VD () D ROONEY, JOSEF 10900 NE 4TH ST BELLEVUE, WA	T., STE 500		Title: Name: Address: City-St-Zip:	WORTHEN, I	H ST., STE 500	n	
Title: Name: Address: City-St-Zip:	VS () D AYERS, KRISTA 3 10900 NE 4TH ST BELLEVUE, WA	T., STE. 500		Title: Name: Address: City-St-Zip:	AYERS, KRIS	H ST., STE. 500	n	
Title: Name: Address: City-St-Zip:	YOKAN, CHRISTI	RTH STREET - SUITE 500		Title: Name: Address: City-St-Zip:	YOKAN, CHR	OURTH STREET - SUI		
Title: Name: Address: City-St-Zip:	BIRNBAUM, STEV	REET, SUITE 500		Title: Name: Address: City-St-Zip:	SUMMERS, S	H STREET, SUITE 500		
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.								

Electronic Signature of Signing Officer or Director

SIGNATURE: WILLIAM P. MOORE

04/17/2007 Date

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