


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90036 005 ***150.00

DOCUMENT # 858078

1. Entity Name
GE COMMERCIAL FINANCE BUSINESS PROPERTY CORPORATION



Principal Place of Business Mailing Address

10900 NE 4TH STREET 10900 NE 4TH STREET
 SUITE 500 SUITE 500
 BELLEVUE, WA 98004 US BELLEVUE, WA 98004 US

40067372



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03262008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

91-1219984 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, BRUCE	NAME	
STREET ADDRESS	10900 NE 4TH ST., STE. 500	STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE, WA 98004	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, WILLIAM P	NAME	
STREET ADDRESS	10900 NE 4TH ST., STE. 500	STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE, WA 98004	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTHEN, LLOYD R	NAME	
STREET ADDRESS	10900 NE 4TH ST., STE 500	STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE, WA 98004	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AYERS, KRISTA J	NAME	Vince Iaci
STREET ADDRESS	10900 NE 4TH ST., STE. 500	STREET ADDRESS	10900 NE 4th St., Ste. 500, Bellevue WA 98004
CITY-ST-ZIP	BELLEVUE, WA 98004	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOKAN, CHRISTINE	NAME	
STREET ADDRESS	10900 N.E. FOURTH STREET - SUITE 500	STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE, WA 98004	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUMMERS, STUART	NAME	Matthew Huss
STREET ADDRESS	10900 NE 4TH STREET, SUITE 500	STREET ADDRESS	same address
CITY-ST-ZIP	BELLEVUE, WA 98004	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William P. Moore, VP & Secretary 4/11/08 425/646-5325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #