

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840925

FILED
Apr 15, 2009
Secretary of State

Entity Name: GENERAL ELECTRIC CREDIT CORPORATION OF DELAWARE

Current Principal Place of Business:

201 HIGH RIDGE ROAD
STAMFORD, CT 06927

New Principal Place of Business:

Current Mailing Address:

201 HIGH RIDGE ROAD
C/O: GE COMMERCIAL AVIATION SERVICES
STAMFORD, CT 06927

New Mailing Address:

FEI Number: 13-2797119 **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 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: P () Delete
Name: HUBSCHMAN, HENRY
Address: 201 HIGH RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927

Title: VP/S () Delete
Name: MEYER, CHARLES H
Address: 201 HIGH RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927

Title: VP () Delete
Name: PETRUNOFF, RONALD
Address: 201 HIGH RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927

Title: VP () Delete
Name: KENNELLY KRATKY, ANNE
Address: 201 HIGH RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927

Title: VP () Delete
Name: KEARNS, THEODORE
Address: 201 HIGH RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927

Title: CFO () Delete
Name: SILVA, RICARDO
Address: 201 HIGH RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927

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: D (X) Change () Addition
Name: MEYER, CHARLES
Address: 201 HIGH RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927

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 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: CHARLES H. MEYER

VP

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date