

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000003259

**Entity Name:** CAPITALSOURCE FINANCE LLC

**Current Principal Place of Business:**

5404 WISCONSIN AVENUE  
2ND FLOOR  
CHEVY CHASE, MD 20815

**Current Mailing Address:**

5404 WISCONSIN AVENUE  
2ND FLOOR  
CHEVY CHASE, MD 20815 US

**FEI Number:** 26-0563180

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH 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

**Authorized Person(s) Detail :**

Title EVP AND MANAGING DIRECTOR  
Name SOTOODEH, JOHN  
Address 5404 WISCONSIN AVENUE  
2ND FLOOR  
City-State-Zip: CHEVY CHASE MD 20815

Title TREASURER  
Name SPARKS, MONICA  
Address 5404 WISCONSIN AVENUE  
2ND FLOOR  
City-State-Zip: CHEVY CHASE MD 20815

Title SVP AND CFO  
Name RINDONE, RAYMOND  
Address 5404 WISCONSIN AVENUE  
2ND FLOOR  
City-State-Zip: CHEVY CHASE MD 20815

Title CHIEF LEGAL OFFICER  
Name DOTAN, IDO  
Address 5404 WISCONSIN AVENUE  
2ND FLOOR  
City-State-Zip: CHEVY CHASE MD 20815

Title SECRETARY  
Name LAM, CONNIE  
Address 5404 WISCONSIN AVENUE  
2ND FLOOR  
City-State-Zip: CHEVY CHASE MD 20815

Title MANAGER  
Name CAPITALSOURCE TRS LLC  
Address 5404 WISCONSIN AVENUE  
2ND FLOOR  
City-State-Zip: CHEVY CHASE MD 20815

Title PRESIDENT, CEO AND CHIEF CREDIT  
OFFICER  
Name HUSSAIN, HAMID  
Address 5404 WISCONSIN AVENUE  
2ND FLOOR  
City-State-Zip: CHEVY CHASE MD 20815

Title SECRETARY  
Name KELLEY, ANGELA  
Address 5404 WISCONSIN AVENUE  
2ND FLOOR  
City-State-Zip: CHEVY CHASE MD 20815

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANGELA KELLEY

**SECRETARY**

**04/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date