

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 696445

FILED
Apr 16, 2009
Secretary of State

Entity Name: TRAFALGAR CREDIT CORPORATION

Current Principal Place of Business:

C/O GE COMMERCIAL FINANCE
901 MAIN AVENUE
NORWALK, CT 06851 US

New Principal Place of Business:

Current Mailing Address:

C/O GE COMMERCIAL FINANCE
901 MAIN AVENUE
NORWALK, CT 06851 US

New Mailing Address:

FEI Number: 06-1047404 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: DP () Delete
Name: PFEIFFER, ROBERT E PD
Address: 901 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851

Title: S () Delete
Name: KAPLOW, MARK D SEC
Address: 901 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851

Title: VPT () Delete
Name: DAY, JAYNE L
Address: 292 LONG RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927

Title: AS () Delete
Name: RODRIGUEZ, LUCY
Address: 901 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ROWAN, MICHAEL G
Address: 901 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851

Title: S (X) Change () Addition
Name: MUNDINGER, PAUL C
Address: 901 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851

Title: VPT (X) Change () Addition
Name: BEAUCHAMP, STEVE
Address: 901 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851

Title: AS (X) Change () Addition
Name: COLIHAN, SHARON
Address: 901 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851

Title: VP () Change (X) Addition
Name: BURGER, ALEC
Address: 901 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851

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: SHARON COLIHAN

AS

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date