

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 696445

FILED
Apr 28, 2010
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:

GE CAPITAL REAL ESTATE
901 MAIN AVENUE
NORWALK, CT 06851 US

Current Mailing Address:

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

New Mailing Address:

GE CAPITAL REAL ESTATE
901 MAIN AVENUE
NORWALK, CT 06851 US

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
Name: ROWAN, MICHAEL G
Address: 901 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851

Title: S
Name: MUNDINGER, PAUL C
Address: 901 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851

Title: VPT
Name: BEAUCHAMP, STEVE
Address: 901 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851

Title: AS
Name: KNOLLER, AIMEE J
Address: 901 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851

Title: VP
Name: BURGER, ALEC
Address: 901 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851

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 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 all other like empowered.

SIGNATURE: AIMEE J KNOLLER

AS

04/28/2010

Electronic Signature of Signing Officer or Director

_____ Date