2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#824470

FILED Apr 09, 2004 Secretary of State

Entity Name: GE COMMERCIAL DISTRIBUTION FINANCE CORPORATION

Current Principal Place of Business:			New Prin	New Principal Place of Business:		
655 MARYVILLE CENTRE DR ST. LOUIS, MO 63141 US				5595 TRILLIUM BOULEVARD HOFFMAN ESTATES, IL 60192 US		
Current Mailing Address:			New Mail	New Mailing Address:		
655 MARYVILLE CENTRE DR ST. LOUIS, MO 63141 US			5595 BTRILLIUM BOULEVARD HOFFMAN ESTATES, IL 60192 US			
FEI Number	r: 41-0954316	FEI Number Applied For()	FEI Number Not App	olicable () Certificate	of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and	d Address of New Regist	ered Agent:	
1200 S. P.	PORATION SYS INE ISLAND RO ION, FL 33324	DAD				
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing	its registered office or regi	stered agent, or both,	
SIGNATU	RE:					
	Electron	ic Signature of Registered Age	 ent	Da	te	
Election Ca	mpaign Financing	Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITIO	NS/CHANGES TO OFFIC	ERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CD () HENSON, DANI 10 RIVERVIEW DANBURY, CT	DRIVE	Title: Name: Address: City-St-Zip:	CD (X) Change (). HENSON, DANIEL S CEO DI 10 RIVERVIEW DRIVE DANBURY, CT 06810		
Title: Name: Address: City-St-Zip:	MARTIN, ROBE	E CENTRE DRIVE	Title: Name: Address: City-St-Zip:	P (X) Change (). MARTIN, ROBERT M PRES 5595 TRILLIUM BOULEVARD HOFFMAN ESTATES, IL 601		
Title: Name: Address: City-St-Zip:	TD () ZAKRSEWSKI, 10 RIVERVIEW DANBURY, CT	DRIVE	Title: Name: Address: City-St-Zip:	TD (X) Change (). ZAKRSEWSKI, MATT TREA 10 RIVERVIEW DRIVE DANBURY, CT 06810		
Title: Name: Address: City-St-Zip:	S () GAUDIOSI, MOI 10 RIVERIEW [DANBURY, CT	DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change (). GAUDIOSI, MONICA DIR. 10 RIVERIEW DRIVE DANBURY, CT 06810	Addition	
	AS ()	Delete D	Title: Name:	VP S (X) Change (). BAY, WALTER D VP SECY 5595 TRILLIUM BOULEVARI	Addition	
Title: Name: Address: City-St-Zip:	BAY, WALTER 655 MARYVILLI SAINT LOUIS, M	E CENTRE DRIVE	Address: City-St-Zip:	HOFFMAN ESTATES, IL 601		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WALTER D. BAY VP/S 04/09/2004