2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# 837956

Entity Name: GENERAL ELECTRIC CREDIT CORPORATION OF TENNESSEE

Current Principal Place of Business:

44 OLD RIDGEBURY ROAD
DANBURY, CT 06810

New Principal Place of Business:

44 OLD RIDGEBURY ROAD
ATTN:GE HEALTHCARE FINANCIAL SVCS
DANBURY, CT 06810

Current Mailing Address:

C/O GE HEALTHCARE FIN. SVCS - C. KALLIOMAA
2325 LAKEVIEW PKWY, SUITE 700
ALPHARETTA, GA 30004

New Mailing Address:

FEI Number: 06-0876201 **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/D ( ) Delete
Name: MALEHORN, JEFFREY A
Address: 500 W. MONROE ST
City-St-Zip: CHICAGO, IL 60661

Title: TDVP ( ) Delete
Name: NEWCOMB, GEORGE A
Address: 500 W. MONROE ST
City-St-Zip: CHICAGO, IL 60661

Title: D/VP ( ) Delete
Name: CARRASQUILLO, CARLOS R
Address: 500 W. MONROE ST
City-St-Zip: CHICAGO, IL 60661

Title: S ( ) Delete
Name: TOBAK, MICHAEL J
Address: 500 W. MONROE ST
City-St-Zip: CHICAGO, IL 60661

Title: AS ( ) Delete
Name: KALLIOMAA, CONNIE-JO W
Address: 2325 LAKEVIEW PKWY, SUITE 700
City-St-Zip: ALPHARETTA, GA 30004

Title: VP ( ) Delete
Name: CROSBY, JOHN P
Address: 2 BETHESDA METRO CENTER SUITE 600
City-St-Zip: BETHESDA, MD 20814

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CONNIE-JO W KALLIOMAA AS 04/28/2008
Electronic Signature of Signing Officer or Director — Date