

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855861

FILED  
Apr 03, 2007  
Secretary of State

Entity Name: GE CAPITAL SMALL BUSINESS FINANCE CORPORATION

## Current Principal Place of Business:

635 MARYVILLE CENTRE DRIVE  
SUITE 120  
ST. LOUIS, MO 63141

## New Principal Place of Business:

## Current Mailing Address:

10 RIVERVIEW DRIVE  
ATTN: LICENSING  
DANBURY, CT 06810

## New Mailing Address:

FEI Number: 36-3088098      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. 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: D ( ) Delete  
Name: BOSSIDY, PAUL T  
Address: 44 OLD RIDGEBURY ROAD  
City-St-Zip: DANBURY, CT 06810

Title: VP ( ) Delete  
Name: ZECHER, LINDA  
Address: 44 OLD RIDGEBURY ROAD  
City-St-Zip: DANBURY, CT 06810

Title: S ( ) Delete  
Name: KNOCKE, KATHERINE D  
Address: 635 MARYVILLE CENTRE DRIVE, SUITE 120  
City-St-Zip: ST. LOUIS, MO 63141

Title: VPD ( ) Delete  
Name: FANNELLI, THOMAS F  
Address: 44 OLD RIDGEBURY ROAD  
City-St-Zip: DANBURY, CT 06810

Title: VP ( ) Delete  
Name: KUNDRAI, KAPIL  
Address: 44 OLD RIDGEBURY ROAD  
City-St-Zip: DANBURY, CT 06810

Title: PD ( ) Delete  
Name: GOOLDEN, MICHAEL L  
Address: 635 MARYVILLE CENTRE DRIVE, SUITE 120  
City-St-Zip: ST. LOUIS, MO 63141

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: NELSON, BRUCE J  
Address: 10900 NE 4TH STREET  
City-St-Zip: BELLEVUE, WA 98004

Title: DT (X) Change ( ) Addition  
Name: JONES, MICHAEL S  
Address: 10900 NE 4TH STREET  
City-St-Zip: BELLEVUE, WA 98004

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

Title: VPD (X) Change ( ) Addition  
Name: DUFFEK, WILLIAM R  
Address: 635 MARYVILLE CENTRE DRIVE  
City-St-Zip: ST. LOUIS, MO 63141

Title: D (X) Change ( ) Addition  
Name: KOENIGSBERG, STEWART  
Address: 292 LONG RIDGE ROAD  
City-St-Zip: STAMFORD, CT 06927

Title: AS (X) Change ( ) Addition  
Name: RYAN, NORA D  
Address: 292 LONG RIDGE ROAD  
City-St-Zip: STAMFORD, CT 06927

I hereby certify that the information supplied with this filing does not qualify for the 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: NORA D. RYAN

AS

04/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date