2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
05-18-2000 90349 046 ***150.00

DOCUMENT # 858078

1. Entity Name

GENERAL ELECTRIC CAPITAL BUSINESS ASSET FUNDING

Principal Place of Business	Mailing Address
10900 NE 4TH ST - BOX C-97550 BELLEVUE WA 98004-4405 US	PO BOX C97550 BELLEVUE WA 98009 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 91-1219984 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing *Trust Fund Contribution.* ☐ **$5.00** May Be *Added to Fees*

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NELSON, BRUCE 10900 NE 4TH ST., STE. 500 BELLEVUE WA 98004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOHNSON, TIMOTHY L 10900 NE 4TH ST., STE 500 BELLEVUE WA 98004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TAFT, MICHAEL E. 10900 NE 4TH ST., STE 500 BELLEVUE, WA 00000 98004	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Senior Vice President Vince Iaci 10900 NE 4th St., Suite 500 Bellevue, WA 98004	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WATERFIELD, WILLIAM M. 10900 NE 4TH ST., STE, 500 BELLEVUE WA 98004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT ROONEY, JOSEPH G. 10900 NE 4TH ST., STE 500 BELLEVUE WA 98004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD Joseph G Rooney 10900 NE 4th St., Suite 500 Bellevue, WA 98004	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS GRAF, PAUL J. 10900 NE 4TH ST., STE. 500 BELLEVUE WA 98004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/20/2000 425-451-0090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #