

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 858078

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: GE COMMERCIAL FINANCE BUSINESS PROPERTY CORPORATION

## Current Principal Place of Business:

10900 NE 4TH STREET  
SUITE 500  
BELLEVUE, WA 98004 US

## New Principal Place of Business:

## Current Mailing Address:

10900 NE 4TH STREET  
SUITE 500  
BELLEVUE, WA 98004 US

## New Mailing Address:

FEI Number: 91-1219984      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: PD ( ) Delete  
Name: NELSON, BRUCE  
Address: 10900 NE 4TH ST., STE. 500  
City-St-Zip: BELLEVUE, WA 98004

Title: VS ( ) Delete  
Name: MOORE, WILLIAM P  
Address: 10900 NE 4TH ST., STE. 500  
City-St-Zip: BELLEVUE, WA 98004

Title: VD ( ) Delete  
Name: WORTHEN, LLOYD R  
Address: 10900 NE 4TH ST., STE 500  
City-St-Zip: BELLEVUE, WA 98004

Title: VP ( ) Delete  
Name: IACI, VINCE  
Address: 10900 NE 4TH ST., STE. 500  
City-St-Zip: BELLEVUE, WA 98004

Title: VP ( ) Delete  
Name: YOKAN, CHRISTINE  
Address: 10900 N.E. FOURTH STREET - SUITE 500  
City-St-Zip: BELLEVUE, WA 98004

Title: T ( ) Delete  
Name: HUSS, MATTHEW  
Address: 10900 NE 4TH STREET, SUITE 500  
City-St-Zip: BELLEVUE, WA 98004

## 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: VPT (X) Change ( ) Addition  
Name: KOENIGSBERG, STEWART B  
Address: 901 MAIN AVENUE  
City-St-Zip: NORWALK, CT 06851

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

Title: AS (X) Change ( ) Addition  
Name: COLIHAN, SHARON  
Address: 901 MAIN AVENUE  
City-St-Zip: NORWALK, CT 06851

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: SHARON COLIHAN

AS

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date