## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000003945

Entity Name: GENERAL ELECTRIC CAPITAL CORPORATION

FILED Mar 05, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
901 MAIN AVENUE NORWALK, CT 06851						
Current Mailing Address:			New Mailin	New Mailing Address:		
120 LONG RIDGE CORPORATE TAX DEPARTMENT STAMFORD, CT 06927			CORPORA	800 LONG RIDGE ROAD CORPORATE TAX DEPARTMENT STAMFORD, CT 06927		
FEI Number:	13-1500700	FEI Number Applied For ( ) FEI Nu	ımber Not Applic	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 US						
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:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PDCO () NEAL, MICHAEL 901 MAIN AVEN NORWALK, CT	IUE	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	VDS () BEAZER, CRAIG 201 HIGH RIDG STAMFORD, CT	E RD	Title: Name: Address: City-St-Zip:	(	) Change()Addition	
Title: Name: Address: City-St-Zip:	VPD () COLICA, JAMES 901 MAIN AVEN NORWAK, CT (	IUE	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	ATT () FIAMMETTA, DO 120 LONG RIDO STAMFORD, CT	GE .	Title: Name: Address: City-St-Zip:	ATT (X FIAMMETTA, D 800 LONG RID STAMFORD, C	DGE	
Title: Name: Address: City-St-Zip:	VPT () CASSIDY, KATH 201 LONG RIDG STAMFORD, CT	GE ROAD	Title: Name: Address: City-St-Zip:	(	) Change()Addition	
Title: Name: Address: City-St-Zip:	ATS () AMATO, JOHN 120 LONG RID STAMFORD, CT		Title: Name: Address: City-St-Zip:	ATS (X AMATO, JOHN 800 LONG RII STAMFORD, C	DGE ROAD	

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: DONNA FIAMMETTA ATT 03/05/2009