


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90079 018 ***150.00

DOCUMENT # F05000007361	
1. Entity Name CAPITALSOURCE INC.	

Principal Place of Business ATTN: CAROLYN SILVA 4445 WILLARD AVE., 12TH FLOOR CHEVY CHASE, MD 20815	Mailing Address ATTN: CAROLYN SILVA 4445 WILLARD AVE., 12TH FLOOR CHEVY CHASE, MD 20815
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40072400



04052007 Chg-P CR2E034 (12/06)

4. FEI Number 35-2206895	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO DELANEY, JOHN K 4445 WILLARD AVENUE CHEVY CHASE, MD 20815 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See Attached Sheet for Officers and Directors
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CIO FISH, JASON M ONE MARITIME PLAZA 1ST FLOOR SAN FRANCISCO, CA 94111 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP CORSINI, BRIAN 4445 WILLARD AVENUE CHEVY CHASE, MD 20815 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MUSELES, STEVEN A 4445 WILLARD AVENUE CHEVY CHASE, MD 20815 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAO MOZINIGO, JAMES M 4445 WILLARD AVENUE CHEVY CHASE, MD 20815 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP FINK, THOMAS 4445 WILLARD AVENUE CHEVY CHASE, MD 20815 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Steven Museles, Secretary	04/17/07	301-841-2765
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

ATTACHMENT
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#F05000007361
CapitalSource Inc.

<u>Officers</u>	<u>Title</u>	<u>Address/Phone #</u>
John K. Delaney	Chairman and CEO	4445 Willard Avenue Chevy Chase, MD 20815 (301)841-2700
Dean C. Graham	President	4445 Willard Avenue Chevy Chase, MD 20815 (301) 841-2700
Bryan Corsini	Executive Vice President And Chief Credit Officer	4445 Willard Avenue Chevy Chase, MD 20815 (301) 841-2700
Steven A. Museles	Executive Vice President, Chief Legal Officer and Secretary	4445 Willard Avenue Chevy Chase, MD 20815 (301)841-2700
David Bjarnason	Chief Accounting Officer	4445 Willard Avenue Chevy Chase, MD 20815 (301)841-2700
Thomas Fink	Senior Vice President and Chief Financial Officer	4445 Willard Avenue Chevy Chase, MD 20815 (301)841-2700
Donald Cole	Chief Operations Officer	4445 Willard Avenue Chevy Chase, MD 20815 (301) 841-2700
Keith D. Reuben	Co-President – Healthcare and Specialty Finance Business	4445 Willard Avenue Chevy Chase, MD 20815 (301) 841-2700
Jim Pieczynski	Co-President – Healthcare and Specialty Finance Business	31111 Argoura Road Suite 220 Westlake Village, CA 91361
Joseph A. Kenary, Jr.	Executive Vice President – Corporate Lending	4445 Willard Avenue Chevy Chase, MD 20815 (301) 841-2700
Michael C. Szwajkowski	President – Structured Finance Business	4445 Willard Avenue Chevy Chase, MD 20815 (301) 841-2700

ATTACHMENT

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CapitalSource Inc.

Directors

Address/Phone #

John K. Delaney

4445 Willard Avenue
Chevy Chase, MD 20815

Jason M. Fish

One Maritime Plaza
Suite 2250
San Francisco, CA 94111

Frederick W. Eubank, II

c/o CapitalSource
4445 Willard Avenue
Chevy Chase, MD 20815

Andrew B. Fremder

c/o CapitalSource
4445 Willard Avenue
Chevy Chase, MD 20815

Tully M. Friedman

c/o CapitalSource
4445 Willard Avenue
Chevy Chase, MD 20815

Timothy M. Hurd

c/o CapitalSource
4445 Willard Avenue
Chevy Chase, MD 20815

Thomas F. Steyer

c/o CapitalSource
4445 Willard Avenue
Chevy Chase, MD 20815

Paul R. Wood

c/o CapitalSource
4445 Willard Avenue
Chevy Chase, MD 20815

William Byrnes

c/o CapitalSource
4445 Willard Avenue
Chevy Chase, MD 20815

Lawrence Nussdorf

c/o CapitalSource
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Sara Grootwassink

c/o CapitalSource
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Chevy Chase, MD 20815