

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F05000007361

FILED
Jul 14, 2009
Secretary of State**Entity Name:** CAPITALSOURCE INC.**Current Principal Place of Business:**ATTN: CAROLYN SILVA
4445 WILLARD AVE., 12TH FLOOR
CHEVY CHASE, MD 20815 US**New Principal Place of Business:****Current Mailing Address:**ATTN: CAROLYN SILVA
4445 WILLARD AVE., 12TH FLOOR
CHEVY CHASE, MD 20815 US**New Mailing Address:****FEI Number:** 35-2206895 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHN
Address: 4445 WILLARD AVENUE CHEVY CHASE MD 20815 U
City-St-Zip: CHEVY CHASE, MD 20815 US

Title: P () Delete
Name: DEAN
Address: 4445 WILLARD AVE CHEVY CHASE MD 20815 US
City-St-Zip: 12TH FLOOR, MD 20815 US

Title: S () Delete
Name: STEVEN
Address: 4445 WILLARD AVENUE CHEVY CHASE MD 20815 U
City-St-Zip: 12TH FLOOR, MD 20815 US

Title: V () Delete
Name: THOMAS
Address: 4445 WILLARD AVENUE CHEVY CHASE MD 20815 U
City-St-Zip: CHEVY CHASE, MD 20815 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DELANEY, JOHN K
Address: 4445 WILLARD AVENUE
City-St-Zip: CHEVY CHASE, MD 20815 US

Title: P (X) Change () Addition
Name: GRAHAM, DEAN
Address: 4445 WILLARD AVE
City-St-Zip: CHEVY CHASE, MD 20815 US

Title: S (X) Change () Addition
Name: MUSELES, STEVEN
Address: 4445 WILLARD AVENUE
City-St-Zip: CHEVY CHASE, MD 20815 US

Title: V (X) Change () Addition
Name: FINK, THOMAS
Address: 4445 WILLARD AVENUE
City-St-Zip: CHEVY CHASE, MD 20815 US

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: STEVEN MUSELES

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07/14/2009

Electronic Signature of Signing Officer or Director

Date