## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000002704

Entity Name: CAPITALSOURCE FINANCE II INC.

FILED Apr 05, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:				
4445 WILLARD AVE 12TH FLOOR ATTN: CAROLYN SILVA CHEVY CHASE, MD 20815							
Current Mailing Address:			New Mailir	New Mailing Address:			
4445 WILLARD AVE 12TH FLOOR ATTN: CAROLYN SILVA CHEVY CHASE, MD 20815							
FEI Number: 2	20-3396681	FEI Number Applied For ( ) FEI Nu	mber Not Appli	cable ( )	Certificate of Status Desired ( )		
Name and A	Address of Cu	rrent Registered Agent:	Name and	Address of I	New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$				
Title: Name: Address: City-St-Zip:	DELANEY, JOHN	AVE 12TH FLOOR	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	MUSELES, STEV	AVE 12TH FLOOR	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	FINK, THOMAS	Pelete AVE 12TH FLOOR MD 20815	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	MOZINGO, JAME	AVE 12TH FLOOR	Title: Name: Address: City-St-Zip:	LIPSON, JEFF	D AVE 12TH FLOOR		
Title: Name: Address: City-St-Zip:	BRADSHAW, PIE	AVE 12TH FLOOR	Title: Name: Address: City-St-Zip:	BJARNASON, I	D AVE 12TH FLOOR		
Title: Name: Address: City-St-Zip:	SILVA-QUAGLÍAT	AVE 12TH FLOOR	Title: Name: Address: City-St-Zip:	SILVA-QUAGLI	C) Change () Addition IATO, CAROLYN D AVE 12TH FLOOR E, MD 20815		

I hereby certify that the information supplied with this filing does not qualify for the 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 A. MUSELES SEC 04/05/2007