2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# P08896

Entity Name: GE CAPITAL PUBLIC FINANCE, INC.

Current Principal Place of Business:

8400 NORMANDALE LAKE BLVD
SUITE 470
MINNEAPOLIS, MN 55437

New Principal Place of Business:

Current Mailing Address:

44 OLD RIDGEBURY ROAD
ATTN: LICENSING
DANBURY, CT 06810

New Mailing Address:

10 RIVERVIEW DRIVE
ATTN: LICENSING
DANBURY, CT 06810

FEI Number: 41-1527085 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PCEO	( ) Delete
Name:	RUNKLE, BRIAN R	
Address:	8400 NORMANDALE LAKE BLVD	
City-St-Zip:	MINNEAPOLIS, MN 55437	
Title:	VPT	( ) Delete
Name:	KLANICA, DAVID	
Address:	44 OLD RIDGEBURY ROAD	
City-St-Zip:	DANBURY, CT 06810	
Title:	VPD	( ) Delete
Name:	FANELLI, THOMAS F	
Address:	44 OLD RIDGEBURY	
City-St-Zip:	DANBURY, CT 06810	
Title:	VP	( ) Delete
Name:	ZECHER, LINDA M	
Address:	44 OLD RIDGEBURY	
City-St-Zip:	DANBURY, CT 06810	
Title:	VP	( ) Delete
Name:	KUNDRAI, KAPIL	
Address:	44 OLD RIDGEBURY ROAD	
City-St-Zip:	DANBURY, CT 06810	
Title:	S	( ) Delete
Name:	MANTHE, JOANNE L	
Address:	8400 NORMANDALE LAKE BLVD	
City-St-Zip:	MINNEAPOLIS, MN 55437	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VPTD	(X) Change ( ) Addition
Name:	JACOBS, CHRISTOPHER	
Address:	44 OLD RIDGEBURY ROAD	
City-St-Zip:	DANBURY, CT 06810	
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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: KAPIL KUNDRAI VP 04/25/2006

Electronic Signature of Signing Officer or Director — Date