

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11510

FILED  
Mar 26, 2008  
Secretary of State

Entity Name: GENERAL ELECTRIC CREDIT EQUITIES, INC.

## Current Principal Place of Business:

292 LONG RIDGE ROAD  
STAMFORD, CT 06927

## New Principal Place of Business:

901 MAIN AVENUE  
NORWALK, CT 06851

## Current Mailing Address:

292 LONG RIDGE ROAD  
STAMFORD, CT 06927

## New Mailing Address:

901 MAIN AVENUE  
NORWALK, CT 06851

FEI Number: 06-1096511

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## 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: T ( ) Delete  
Name: KOENIGSBERG, STEWART  
Address: 292 LONG RIDGE ROAD  
City-St-Zip: STAMFORD, CT 06927

Title: DP ( ) Delete  
Name: ROBERT, PFEIFFER E  
Address: 292 LONG RIDGE ROAD  
City-St-Zip: STAMFORD, CT 06927

Title: VP ( ) Delete  
Name: ALBRIGHT, TY  
Address: 16479 DALLAS PARKWAY, STE 400  
City-St-Zip: DALLAS, TX 16497

Title: VP ( ) Delete  
Name: CAMPBELL, TIMOTHY L  
Address: 260 LONG RIDGE RD.  
City-St-Zip: STAMFORD, CT 06927

Title: S ( ) Delete  
Name: KAPLOW, MARK D  
Address: 292 LONG RIDGE ROAD  
City-St-Zip: STAMFORD, CT 06927

Title: AS (X) Delete  
Name: RYAN, NORA D  
Address: 292 LONG RIDGE ROAD  
City-St-Zip: STAMFORD, CT 06927

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: KOENIGSBERG, STEWART  
Address: 901 MAIN AVENUE  
City-St-Zip: NORWALK, CT 06851

Title: DP (X) Change ( ) Addition  
Name: ROBERT, PFEIFFER E  
Address: 901 MAIN AVENUE  
City-St-Zip: NORWALK, CT 06851

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: KAPLOW, M D  
Address: 901 MAIN AVENUE  
City-St-Zip: NORWALK, CT 06851

Title: AS (X) Change ( ) Addition  
Name: RODRIGUEZ, LUCY  
Address: 901 MAIN AVENUE  
City-St-Zip: NORWALK, CT 06851

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LUCY RODRIGUEZ

AS

03/26/2008

Electronic Signature of Signing Officer or Director

Date