2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12283

FILED Apr 15, 2009 Secretary of State

Entity Name: GENERAL ELECTRIC REAL ESTATE CREDIT CORPORATION

Current Principal Place of Business: New Principal Place of Business: 901 MAIN AVENUE NORWALK, CT 06851 **Current Mailing Address: New Mailing Address:** 901 MAIN AVENUE NORWALK, CT 06851 FEI Number: 13-2771827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition PFEIFFER, ROBERT E ROWAN, MICHAEL G Name: Name: 901 MAIN AVENUE 901 MAIN AVENUE Address: Address: City-St-Zip: NORWALK, CT 06851 City-St-Zip: NORWALK, CT 06851 VPT Title: VΡ Title: () Delete (X) Change () Addition DAY, JAYNE Name: Name: BURGER, ALEC 901 MAIN AVENUE 901 MAIN AVENUE Address: Address: NORWALK, CT 06851 City-St-Zip: City-St-Zip: NORWALK, CT 06851 Title: (X) Change () Addition () Delete Title: KAPLOW, MARK D MUNDINGER, PAUL C Name: Name: 901 MAIN AVENUE 901 MAIN AVENUE Address: Address: City-St-Zip: NORWALK, CT 06851 City-St-Zip: NORWALK, CT 06851 Title: () Delete Title: (X) Change () Addition RODRIGUEZ, LUCY BEAUCHAMP, STEVE Name: Name: Address: 901 MAIN AVENUE Address: 901 MAIN AVENUE City-St-Zip: NORWALK, CT 06851 City-St-Zip: NORWALK, CT 06851 Title: Title: () Delete () Change (X) Addition COLIHAN, SHARON Name: Name: Address: 901 MAIN AVENUE Address: City-St-Zip: City-St-Zip: NORWALK, CT 06851

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: SHARON COLIHAN AS 04/15/2009