2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2012
Secretary of State

DOCUMENT# P22172

Entity Name: GE COMMERCIAL DISTRIBUTION FINANCE CORPORATION

Current Principal Place of Business:

5595 TRILLIUM BLVD.
HOFFMAN ESTATES, IL 60192 US

New Principal Place of Business:

Current Mailing Address:

5595 TRILLIUM BLVD.
HOFFMAN ESTATES, IL 60192 US

New Mailing Address:

FEI Number: 94-3054016 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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: P
Name: MALEHORN, JEFFREY
Address: 5595 TRILLIUM BLVD.
City-St-Zip: HOFFMAN ESTATES, IL 60192 US

Title: S
Name: MUNIZ, PETER
Address: 5595 TRILLIUM BLVD.
City-St-Zip: HOFFMAN ESTATES, IL 60192 US

Title: V
Name: KARIM, MICHAEL
Address: 5595 TRILLIUM BLVD. HOFFMAN ESTATES IL 601
City-St-Zip: HOFFMAN ESTATES, IL 60192 US

Title: D
Name: MALEHORN, JEFFREY A
Address: 5595 TRILLIUM BOULEVARD
City-St-Zip: HOFFMAN ESTATES, IL 60192 US

Title: D
Name: MUNIZ, PETER J
Address: 5595 TRILLIUM BOULEVARD
City-St-Zip: HOFFMAN ESTATES, IL 60192 US

Title: D
Name: KARIM, MICHAEL S
Address: 5595 TRILLIUM BOULEVARD
City-St-Zip: HOFFMAN ESTATES, IL 60192 US

I hereby 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 all other like empowered.

SIGNATURE: PETER MUNIZ S 01/20/2012

Electronic Signature of Signing Officer or Director Date