

1.) CORPORATION NAME:

**GENERAL ELECTRIC CREDIT CORPORATION OF  
TENNESSEE**

DUE DATE: **3/31/2015**

SCC ID NO: **F0317034**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 50,000     |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**TN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2 BETUESDA METRO CENTER  
SUITE 600

CITY/ST/ZIP: BETHESDA, MD 20814

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

|                 |   |                                   |
|-----------------|---|-----------------------------------|
|                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | JEFFREY MUCHMORE                            |                                   |
| TITLE:          | PRESIDENT                                   |                                   |
| ADDRESS:        | 500 WEST MONROE ST.                         |                                   |
| CITY/ST/ZIP/CO: | CHICAGO, IL 60661                           |                                   |

|                 |   |                                   |
|-----------------|---|-----------------------------------|
|                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | GETAMESSAY MELAKU                           |                                   |
| TITLE:          | TREASURER                                   |                                   |
| ADDRESS:        | 2 BETHESDA METRO CENTER<br>STE 600          |                                   |
| CITY/ST/ZIP/CO: | BETHESDA, MD 20814                          |                                   |

|                 |   |                                   |
|-----------------|---|-----------------------------------|
|                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | RYAN DOHERTY                                |                                   |
| TITLE:          | SECRETARY                                   |                                   |
| ADDRESS:        | 10 RIVEWVIEW DRIVE                          |                                   |
| CITY/ST/ZIP/CO: | DANBURY, CT 06851                           |                                   |

|                 |   |                                   |
|-----------------|---|-----------------------------------|
|                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | DENEEN SANDERS                              |                                   |
| TITLE:          | ASST SECRETARY                              |                                   |
| ADDRESS:        | 500 WEST MONROE ST                          |                                   |
| CITY/ST/ZIP/CO: | CHICAGO, IL 60661                           |                                   |

|                 |                                  |  |
|-----------------|----------------------------------|--|
|                 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | JAMES SEYMOUR                    |  |
| TITLE:          | DIRECTOR                         |  |
| ADDRESS:        | 500 W. MONROE ST.                |  |
| CITY/ST/ZIP/CO: | CHICAGO, IL 60661                |  |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

|   |                                  |          |
|---|----------------------------------|----------|
| /s/ DENEEN SANDERS                                  | DENEEN SANDERS, ASST             | 4/2/2015 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | SECRETARY                        | DATE     |
|   | PRINTED NAME AND CORPORATE TITLE |          |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.