

1.) CORPORATION NAME:

DUE DATE: **10/31/2011**

GE Commercial Finance Business Property Corporation

SCC ID NO: **F0440448**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6464 185TH AVENUE NE
SUITE 100

CITY/ST/ZIP: REDMOND, WA 98052-

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.

NAME: GREG VIECELI
TITLE: PRESIDENT
ADDRESS: 6464 185TH AV NE
SUITE 100
CITY/ST/ZIP/CO: REDMOND, WA 98052-

OFFICER

DIRECTOR

NAME: PATTIE ALLEN
TITLE: VICE PRESIDENT
ADDRESS: 6464 185TH AVE
SUITE 120
CITY/ST/ZIP/CO: REDMOND, WA 98052-

OFFICER

DIRECTOR

NAME: BARBARA ATKINSON
TITLE: VICE PRESIDENT
ADDRESS: 6464 185TH AVE
SUITE 120
CITY/ST/ZIP/CO: REDMOND, WA 98052-

OFFICER

DIRECTOR

NAME: JEFF CARPENTER
TITLE: VICE PRESIDENT
ADDRESS: 333 CLAY STREET
SUITE 4550
CITY/ST/ZIP/CO: HOUSTON, TX 77002-

OFFICER

DIRECTOR

NAME: TOM CLANCY
TITLE: VICE PRESIDENT
ADDRESS: 516 VIRGINIA DR
CITY/ST/ZIP/CO: FT WASHINGTON, PA 19034-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DICK COSTELLO VICE PRESIDENT 333 CLAY STREET SUITE 4550 HOUSTON, TX 77002-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROL L COWIN VICE PRESIDENT 6464 185TH AVE SUITE 120 REDMOND, WA 98052-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRY DILLINGHAM VICE PRESIDENT 333 CLAY STREET SUITE 4550 HOUSTON, TX 77002-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM R DUFFEK VICE PRESIDENT 635 MARYVILLE CENTRE DR SUITE 120 CHESTERFIELD, MO 63141-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JORGE E FLOREZ VICE PRESIDENT 10900 NE 4TH ST STE 500 BELLEVUE, WA 98004-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL T FOSTER VICE PRESIDENT 6464 185TH AVE SUITE 100 REDMOND, WA 98052-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRENCE W GRAY VICE PRESIDENT 6464 185TH AVENUE SUITE 100 REDMOND, WA 98052-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY GRISWOLD VICE PRESIDENT 6464 185TH AVENUE SUITE 100 REDMOND, WA 98052-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VICKI HUYNH VICE PRESIDENT 6464 185TH AVENUE SUITE 100 REDMOND, WA 98052-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARL G JACOBSON VICE PRESIDENT 500 WEST MONROE CHICAGO, IL 60661-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM JONES VICE PRESIDENT 901 MAIN AVENUE NORWALK, CT 06851-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN J KAISER VICE PRESIDENT 6464 185TH AVENUE SUITE 100 REDMOND, WA 98052-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEWART B. KOENIGSBERG VICE PRESIDENT 901 MAIN AVENUE NORWALK, CT 06851-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE LITTLE VICE PRESIDENT 6464 185TH AVE SUITE 100 REDMOND, WA 98052-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROSS MCFADDEN VICE PRESIDENT 6464 185TH AVE SUITE 100 REDMOND, WA 98052-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS MCKAY VICE PRESIDENT 10550 BARKLEY ST OVERLAND PARK, KS 66212-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUG MISNER VICE PRESIDENT 6464 185TH AVENUE SUITE 100 REDMOND, WA 98052-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN MONAHAN VICE PRESIDENT 6464 185TH AVENUE SUITE 100 REDMOND, WA 98052-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUZANNE R SARTORI VICE PRESIDENT 635 MARYVILLE CENTRE DR ST. LOUIS, MO 63141-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIA SILVERSTEIN VICE PRESIDENT 500 WEST MONROE CHICAGO, IL 60661-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELLEN WOODHAMS VICE PRESIDENT 6464 185TH AVENUE SUITE 100 REDMOND, WA 98052-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHANNAN WOOTEN VICE PRESIDENT 6464 185TH AVENUE SUITE 100 REDMOND, WA 98052-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMY J AYALA ASST SECRETARY 901 MAIN AVENUE NORWALK, CT 06851-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KELLY HALLFORD ASST SECRETARY 8377 E. HARTFORD DR SUITE 200 SCOTTSDALE, AZ 85255-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TODD V JONES ASST SECRETARY 8337 E. HARTFORD DR SUITE 200 SCOTTSDALE, AZ 85255-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AIMEE J KNOLLER ASST SECRETARY 901 MAIN AVENUE NORWALK, CT 06851-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROLYN CRAFT MARTIN ASST SECRETARY 8337 E. HARTFORD DR SUITE 200 SCOTTSDALE, AZ 85255-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREG R NIELSEN ASST SECRETARY 8337 E. HARTFORD DR SUITE 200 SCOTTSDALE, AZ 85255-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LUCY RODRIGUEZ ASST SECRETARY 901 MAIN AVENUE NORWALK, CT 06851-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEWART B KOENIGSBERG TREASURER 901 MAIN AVENUE NORWALK, CT 06851-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN AMATO ASST TREASURER 800 LONG RIDGE RD STAMFORD, CT 06927-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONNA M FIAMMETTA ASST TREASURER 800 LONG RIDGE RD STAMFORD, CT 06927-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH E KEMPSON ASST TREASURER 3001 W RADIO DRIVE FLORENCE, SC 29501-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY P LANE ASST TREASURER 901 MAIN AVENUE NORWALK, CT 06851-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT E MALITZ ASST TREASURER 12 CORPORATE WOODS BLVD ALBANY, NY 12211-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALEC BURGER EVP 901 MAIN AVE NORWALK, CT 06851-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL G. ROWAN EVP 901 MAIN AVENUE NORWALK, CT 06851-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LLOYD R WORTHEN SVP 10900 NE 4TH ST STE 500 BELLEVUE, WA 98004-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUZANNE R SARTORI CFO 635 MARYVILLE CENTRE DR SUITE 120 CHESTERFIELD, MO 63141-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN L KORSH SECRETARY 901 MAIN AVENUE NORWALK, CT 06851-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN L. KORSH VICE PRESIDENT 901 MAIN AVENUE NORWALK, CT 06851-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS D. JONES VICE PRESIDENT 901 MAIN AVENUE NORWALK, CT 06851-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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.

<u>/s/ LUCY RODRIGUEZ</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LUCY RODRIGUEZ, ASST <u>SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>9/14/2011</u> DATE
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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.