

1.) CORPORATION NAME:

GE Capital Franchise Finance Corporation

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1471244**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 201 MERRITT 7

CITY/ST/ZIP: NORWALK, CT 06851

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:	AGUSTIN CARCOBA	
TITLE:	PRESIDENT	
ADDRESS:	8377 E HARFORD DRIVE STE 200	
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85255	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TIMOTHY MORRIS	
TITLE:	VICE PRESIDENT	
ADDRESS:	8377 E HARTFORD DRIVE	
CITY/ST/ZIP/CO:	STE 200 SCOTTSDALE, AZ 85255	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GREG R NIELSEN	
TITLE:	SEC/EXEC VP	
ADDRESS:	8377 E HARTFORD DR STE 200	
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85255	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MAX AXLER	
TITLE:	PRESIDENT	
ADDRESS:	8377 E HARTFORD DR STE 200	
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85255	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PATRICIA DIETZ	
TITLE:	ASST SECRETARY	
ADDRESS:	8377 E HARTFORD DRIVE	
CITY/ST/ZIP/CO:	STE 200 SCOTTSDALE, AZ 85255	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GINA CIUCCOLI	
TITLE:	ASST SECRETARY	
ADDRESS:	201 MERRITT 7	
CITY/ST/ZIP/CO:	NORWALK, CT 06851	

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/ GINA CIUCCOLI</u>	<u>GINA CIUCCOLI, ASST</u>	<u>3/23/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

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.