

1.) CORPORATION NAME:

GE Capital Franchise Finance Corporation

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1471244**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

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 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: AGUSTIN CARCOBA		
TITLE: PRESIDENT		
ADDRESS: 8377 E HARTFORD 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 type="checkbox"/> DIRECTOR
NAME: GINA CIUCCOLI		
TITLE: ASST SECRETARY		
ADDRESS: 201 MERRITT 7		
CITY/ST/ZIP/CO: NORWALK, CT 06851		

	<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		

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>5/31/2013</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.