



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 25173		2. Exact name of the Corporation BTMU FUNDING CORPORATION		
3. Principal office address 445 S. FIGUEROA ST., 15TH FL		City LOS ANGELES	State CA	Zip 90071
4. Business Phone No. 213-236-6444		5. State of Incorporation MA		
6. Brief description of the character of business conducted in Rhode Island LEASING OF TANGIBLE PERSONAL PROPERTY				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name LANCE MARKOWITZ		Vice-President Name LINH K. NGUYEN		
Street Address 445 S. FIGUEROA ST., 15TH FL		Street Address 445 S. FIGUEROA ST., 15TH FL		
City LOS ANGELES	State CA	Zip 90071	City LOS ANGELES	Zip 90071
Secretary Name RITA DAILEY		Treasurer Name BRIAN SMITH		
Street Address 445 S. FIGUEROA ST., 15TH FL		Street Address 400 CALIFORNIA ST		
City LOS ANGELES	State CA	Zip 90071	City SAN FRANCISCO	Zip 94104
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name LANCE MARKOWITZ		Director Name DAVID ANDERSON		
Street Address 445 S. FIGUEROA ST., 15TH FL		Street Address 400 CALIFORNIA ST		
City LOS ANGELES	State CA	Zip 90071	City SAN FRANCISCO	Zip 94104
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	Zip
9. SHARES AUTHORIZED				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		1000		1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date **FILED**
 Check No **MAR 19 2012**
 By: **[Signature]**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
[Signature]
 Signature of Authorized Representative
LINH K. NGUYEN
 Date **3/7/12**
 Print or Type Name of Authorized Representative