



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 2015

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 350 California Street			City San Francisco	State CA	Zip 94104
4. Business Phone No. 213-236-7941			5. State of Incorporation MA		
6. Brief description of the character of business conducted in Rhode Island Equipment Leasing					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Lance B Markowitz			Vice-President Name Kevin Haugh		
Street Address 445 S Figueroa Street, 14th Floor			Street Address 350 California Street		
City Los Angeles	State CA	Zip 90071	City San Francisco	State CA	Zip 94104
Secretary Name Rita Dailey			Treasurer Name Linh K Nguyen		
Street Address 445 S Figueroa Street, 14th Floor			Street Address 445 S Figueroa Street, 14th Floor		
City Los Angeles	State CA	Zip 90071	City Los Angeles	State CA	Zip 90071
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Lance B Markowitz			Director Name Thomas Yu		
Street Address 445 S Figueroa Street, 14th Floor			Street Address 445 S Figueroa Street, 14th Floor		
City Los Angeles	State CA	Zip 90071	City Los Angeles	State CA	Zip 90071
Director Name Gabriel A Renga, Jr.			Director Name Craig Read		
Street Address 445 S Figueroa Street			Street Address 350 California Street		
City Los Angeles	State CA	Zip 90071	City San Francisco	State CA	Zip 94104
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	Common	\$1.00

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 CORPORATIONS DIVISION
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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 _____

Check No _____

By: _____

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10:38 AM
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By 263080

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 Date 7-20-2015

Ann Gill
 Print or Type Name of Authorized Representative

KM