



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 2014

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
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
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
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
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input 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

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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FILED
 DEC 11 2015
 By 263080
 KM

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.

Ann Gill 7-20-2015
 Signature of Authorized Representative Date
Ann Gill
 Print or Type Name of Authorized Representative