2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836463

Entity Name: HPSC, INC.

FILED Apr 20, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
ONE BEACON ST., 2ND FLOOR TAX DEPT BOSTON, MA 021083106 US				ONE BEACON ST., 2ND FLOOR ATTN: TAX DEPT BOSTON, MA 021083106 US		
Current Mailing Address:			New Mailing Address:			
ONE BEACON ST., 2ND FLOOR TAX DEPT BOSTON, MA 021083106 US			ONE BEACON ST., 2ND FLOOR ATTN: TAX DEPT BOSTON, MA 021083106 US			
FEI Number:	04-2560004	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATURE:						
	Electronic	Signature of Registered Agent	t			Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	S () C CARRASQUILLO, 500 WEST MONE CHICAGO, IL 600	CARLOS R ROE ST		Title: Name: Address: City-St-Zip:	()0	change () Addition
Title: Name: Address: City-St-Zip:	AS () C KALLIOMAA, CON 2325 LAKEVIEW ALPHARETTA, GA	NNIE-JO W PKWY, STE 700		Title: Name: Address: City-St-Zip:	()C	change ()Addition
Title: Name: Address: City-St-Zip:	V () C LEFEBVRE, REN ONE BEACO ST, BOSTON, MA 02	2ND FLOOR		Title: Name: Address: City-St-Zip:	P (X) C SAMANTHA, ALLI ONE BEACO ST, BOSTON, MA 02	2ND FLOOR
Title: Name: Address: City-St-Zip:	P () C EVERETS, JOHN ONE BEACON ST BOSTON, MA 02	, 2ND FL		Title: Name: Address: City-St-Zip:	VP (X) C ROUSSEAU, JOS ONE BEACON ST BOSTON, MA 02	, 2ND FL
Title: Name: Address: City-St-Zip:	D () C CAMERON, GREG 500 WEST MONE CHICAGO, IL 606	ROE ST		Title: Name: Address: City-St-Zip:	()C	change () Addition
Title: Name: Address: City-St-Zip:	D () C CARRASQUILLO, 500 WEST MONE CHICAGO, IL 600	ROE ST		Title: Name: Address: City-St-Zip:	()C	hange()Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE-JO W. KALLIOMAA AS 04/20/2006