# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2008**
**Secretary of State**

DOCUMENT# 836463

**Entity Name:** HPSC, INC.

**Current Principal Place of Business:**

ONE BEACON ST., 2ND FLOOR
ATTN: TAX DEPT
BOSTON, MA 021083106 US

**New Principal Place of Business:**

ONE BEACON ST., 2ND FLOOR
ATTN: CONNIE KALLIOMAA
BOSTON, MA 021083106 US

**Current Mailing Address:**

ONE BEACON ST., 2ND FLOOR
ATTN: TAX DEPT
BOSTON, MA 021083106 US

**New Mailing Address:**

C/O GE HEALTHCARE FIN. SVCS-C.KALLIOMAA
2325 LAKEVIEW PKWY, SUITE 700
ALPHARETTA, GA 30004 US

**FEI Number: 04-2560004** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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 — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | S D | ( ) Delete |
| Name: | CARRASQUILLO, CARLOS R | |
| Address: | 500 WEST MONROE ST | |
| City-St-Zip: | CHICAGO, IL 60661 | |
| Title: | AS | ( ) Delete |
| Name: | KALLIOMAA, CONNIE-JO W | |
| Address: | 2325 LAKEVIEW PKWY, STE 700 | |
| City-St-Zip: | ALPHARETTA, GA 300047921 | |
| Title: | P | ( ) Delete |
| Name: | SAMANTHA, ALLISON | |
| Address: | ONE BEACO ST, 2ND FLOOR | |
| City-St-Zip: | BOSTON, MA 02108 | |
| Title: | T | ( ) Delete |
| Name: | ROUSSEAU, JOSEPH E | |
| Address: | ONE BEACON ST, 2ND FL | |
| City-St-Zip: | BOSTON, MA 02108 | |
| Title: | D | ( ) Delete |
| Name: | NEWCOMB, GEORGE A | |
| Address: | 500 WEST MONROE ST | |
| City-St-Zip: | CHICAGO, IL 60661 | |
| Title: | VP | ( ) Delete |
| Name: | ROESLER, MARK E | |
| Address: | ONE BEACON ST, 2ND FL | |
| City-St-Zip: | BOSTON, MA 02108 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | P | (X) Change ( ) Addition |
| Name: | ESTRAMPES, CATHERINE M | |
| Address: | ONE BEACON ST, 2ND FLOOR | |
| City-St-Zip: | BOSTON, MA 02108 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify 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 04/28/2008

Electronic Signature of Signing Officer or Director — Date