2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836463

Entity Name: HPSC, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

ONE BEACON ST., 2ND FLOOR ONE BEACON ST., 2ND FLOOR ATTN: CONNIE KÁLLIOMAA ATTN: DENEEN SANDERS BOSTON, MA 021083106 US BOSTON, MA 021083106 US

Current Mailing Address:

C/O GE HEALTHCARE FIN. SVCS-C.KALLIOMAA C/O GE CAPITAL - D. SANDERS 2325 LAKEVIEW PKWY, SUITE 700 500 WEST MONROE STREET ALPHARETTA, GA 30004 CHICAGO, IL 60661

FEI Number: 04-2560004 FEI Number Applied For () FEI Number Not Applicable () 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

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

New Mailing Address:

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition CARRASQUILLO, CARLOS R SANDERS, DENEEN Name: Name: 500 WEST MONROE ST 500 WEST MONROE ST Address: Address: City-St-Zip: CHICAGO, IL 60661 City-St-Zip: CHICAGO, IL 60661

Title: AS (X) Change () Addition Title: () Delete

Name: KALLIOMAA, CONNIE-JO W Name: JERGE, ANN E 2325 LAKEVIEW PKWY, STE 700 201 MERRITT 7 Address: Address: ALPHARETTA, GA 300047921 NORWALK, CT 06851 City-St-Zip: City-St-Zip:

() Delete Title: Title: P/D (X) Change () Addition ESTRAMPES, CATHERINE M ESTRAMPES, CATHERINE M Name: Name: ONE BEACON ST, 2ND FLOOR ONE BEACON ST. 2ND FLOOR Address: Address: BOSTON, MA 02108 BOSTON, MA 02108

City-St-Zip: City-St-Zip:

Title: () Delete Title: D/T (X) Change () Addition ROUSSEAU, JOSEPH E ROUSSEAU, JOSEPH E Name: Name: Address:

ONE BEACON ST, 2ND FL Address: ONE BEACON ST, 2ND FL City-St-Zip: BOSTON, MA 02108 BOSTON, MA 02108

Title: Title: (X) Change () Addition () Delete

NEWCOMB, GEORGE A Name: Name: STORINO, ANTHONY J 500 WEST MONROE ST Address: 83 WOOSTER HEIGHTS RD Address: City-St-Zip: CHICAGO, IL 60661 City-St-Zip: DANBURY, CT 06810

Title: () Delete Title: (X) Change () Addition ROESLER, MARK E TOWERS, SCOTT R Name: Name:

2 BETHESDA METRO CENTER, SUITE 600 ONE BEACON ST, 2ND FL Address: Address:

City-St-Zip: BOSTON, MA 02108 City-St-Zip: BETHESDA, MD 20814

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: DENEEN SANDERS AS 05/01/2009