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Document Number Only

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C T CORPORATION SYSTE	м	,		
Requestor's Name 660 East Jefferson St	reet			
Address			AAAAAA	
Tallahassee, FL 3230	1 (850)222-1092		00 <u>0</u> 033656 000033656	078006
City State Zip	Phone		*****35.00	*****35.00
CORPORA	TION(S) NAME			*
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<u> </u>	eller Financial.	Inc.	COMPONATION	
() Profit			7104	요 년
() NonProfit () Limited Liability Comp	() Amendm	nent	() Merger	.,
() Foreign		on/Withdrawal	() Mark	- · ·
() Limited Partnership	() Annual F		() Other	
() Reinstatement	() Reserva	tion	Change of R	
() Limited Liability Part		-nica	() Fictitious I	<u>Name</u>
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Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.050 undersigned corporation organized under the laws of the		
submits the following statement in order to change its reg		
State of Florida.		
1. The name of the corporation is: Heller Financial, Inc.		
2. The mailing address of the corporation is: 500 West Mon	roe, Chicago, Illinois 60661	
3. Date of incorporation/qualification: 12/16/1980	Document number:	
4. The name and address of the current registered agent an	d office:	
Corporation Service Company		
1201 Hays Street		
Tallahassee, Florida 32301	G N 95	
5. The name and address of the new registered agent and o	* ^ \$	
CT Corporation System		
1200 South Pine Island Road	2: 2 LOR	
Plantation, Florida 33324	TE 3	
The street address of its registered office and the street agent, as changed, will be identical.	address of the business office of its registered	
Such change was authorized by resolution duly adopted authorized by the board.	by its board of directors or by an officer so	
Stock of William	08/01/2000	
(Signature of an officer, chairman or vice chairman of the		
Stacia L. Williams, Assistant Secretary	08/01/2000	
(Printed or typed name and title)	(Date)	
Having been named as registered agent and to accept s corporation, I hereby accept the appointment as registe I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and c registered agent.	ules retulive to the proper and complete	
gan h. Hyen	August 1, 2000	
(Signature of Registered Agent)	(Date)	
If signing on behalf of an entity:		
James M. Halpin, (Typed or Printed Name)	Assistant Secretary (Capacity)	
(Typed or Frimed Name) CR2E045(4/95)	FILING FEE: \$35.00	