

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847716

FILED
Apr 08, 2005
Secretary of State

Entity Name: HELLER FINANCIAL, INC.

Current Principal Place of Business:

500 WEST MONROE STREET
CHICAGO, IL 60661

New Principal Place of Business:

C/O GE CORPORATE FINANCIAL SERVICES
500 WEST MONROE STREET
CHICAGO, IL 60661

Current Mailing Address:

500 WEST MONROE STREET
C/O KRISTIN DEERING, GE COMMERCIAL FINANCE
CHICAGO, IL 60661

New Mailing Address:

C/O GE CFS (ATTN: K. DEERING)
500 WEST MONROE STREET
CHICAGO, IL 60661

FEI Number: 36-1208070

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: D () Delete
Name: GREENE, JOHN
Address: 201 HIGH RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927

Title: CFO () Delete
Name: DHALIWAL, HARRY
Address: 201 HIGH RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927

Title: SVT () Delete
Name: CASSIDY, KATHRYN A
Address: 201 HIGH RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927

Title: AS () Delete
Name: DEERING, KRISTIN M
Address: 500 W. MONROE ST
City-St-Zip: CHICAGO, IL 60661

Title: P () Delete
Name: ARONSON, STUART
Address: 204 HIGH RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927

Title: CEO () Delete
Name: PARKER, SCOTT
Address: 201 HIGH RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 for the exemption stated in Section 119.07(3)(i), 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: KRISTIN DEERING

AS

04/08/2005

Electronic Signature of Signing Officer or Director

_____ Date