2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# 847716

Entity Name: HELLER FINANCIAL, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

C/O GE CFS (ATTN: ANN JERGE)
201 MERRITT 7
NORWALK, CT 06856

New Mailing Address:

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: UNGARI, JAMES
Address: 201 MERRITT 7
City-St-Zip: NORWALK, CT 06856

Title: CFO ( ) Delete
Name: CAMERON, GREG
Address: 201 MERRITT 7
City-St-Zip: NORWALK, CT 06851

Title: D ( ) Delete
Name: DIPIETRO, MARIA
Address: 201 MERRITT 7
City-St-Zip: NORWALK, CT 06851

Title: AS ( ) Delete
Name: JERGE, ANN
Address: 201 MERRITT 7
City-St-Zip: NORWALK, CT 06856

Title: D ( ) Delete
Name: GAUDINO, MICHAEL
Address: 201 MERRITT 7
City-St-Zip: NORWALK, CT 06856

Title: S ( ) Delete
Name: LANE, BARBARA
Address: 201 MERRITT 7
City-St-Zip: NORWALK, CT 06856

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 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: ANN JERGE AS 03/17/2009

Electronic Signature of Signing Officer or Director — Date