2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# F01000004331

Entity Name: TEXTRON BUSINESS CREDIT, INC.

Current Principal Place of Business:

40 WESTMINSTER STREET
PROVIDENCE, RI 02903

New Principal Place of Business:

Current Mailing Address:

40 WESTMINSTER STREET
PROVIDENCE, RI 02903

New Mailing Address:

FEI Number: 05-0483896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

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:

Title:	P	( ) Delete
Name:	PORTA, JOSEPH A	
Address:	275 WEST NATICK ROAD, SUITE 1000	
City-St-Zip:	WARWICK, RI 02886	
Title:	AS	(X) Delete
Name:	GREGG, ERICA S	
Address:	40 WESTMINSTER STREET	
City-St-Zip:	PROVIDENCE, RI 02903	
Title:	T	( ) Delete
Name:	LYNN, BRIAN F	
Address:	40 WESTMINSTER STREET	
City-St-Zip:	PROVIDENCE, RI 02940	
Title:	S	( ) Delete
Name:	GREEN, PAUL F	
Address:	40 WESTMINSTER STREET	
City-St-Zip:	PROVIDENCE, RI 02940	
Title:	AS	( ) Delete
Name:	TORO, PAMELA	
Address:	40 WESTMINSTER STREET	
City-St-Zip:	PROVIDENCE, RI 02940	
Title:	VP	( ) Delete
Name:	DOLAN, THOMAS	
Address:	275 WEST NATICK ROAD SUITE 1000	
City-St-Zip:	WARWICK, RI 02886	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	SANDOVAL, MICHAEL	
Address:	40 WESTMINSTER STREET	
City-St-Zip:	PROVIDENCE, RI 02903	
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: PAUL F. GREEN S 05/01/2008

Electronic Signature of Signing Officer or Director — Date