

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001513

FILED
Apr 16, 2009
Secretary of State

Entity Name: HELLER FIRST CAPITAL CORP.

Current Principal Place of Business:

635 MARYVILLE CENTRE DRIVE
ST. LOUIS, MO 63141

New Principal Place of Business:

Current Mailing Address:

901 MAIN AVENUE
ATTN: LEGAL DEPT.
NORWALK, CT 06851

New Mailing Address:

FEI Number: 36-3804034 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: DP () Delete
Name: NELSON, BRUCE J
Address: 10900 NE 4TH STREET
City-St-Zip: BELLEVUE, WA 98004

Title: VPD () Delete
Name: DUFFEK, WILLIAM R
Address: 653 MARYVILLE CENTRE DRIVE
City-St-Zip: ST. LOUIS, MO 63141

Title: DT () Delete
Name: JONES, MICHAEL S
Address: 10900 NE 4TH STREET
City-St-Zip: BELLEVUE, WA 98004

Title: VPS () Delete
Name: KNOCKE, KATHERINE D
Address: 635 MARYVILLE CENTRE DRIVE, SUITE 120
City-St-Zip: ST. LOUIS, MO 63141

Title: D () Delete
Name: KOENIGSBERG, STEWART
Address: 901 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851

Title: AS () Delete
Name: KNOLLER, AIMEE
Address: 901 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NELSON, BRUCE J
Address: 10900 NE 4TH STREET
City-St-Zip: BELLEVUE, WA 98004

Title: VP (X) Change () Addition
Name: DUFFEK, WILLIAM R
Address: 653 MARYVILLE CENTRE DRIVE
City-St-Zip: ST. LOUIS, MO 63141

Title: T (X) Change () Addition
Name: SARTORI, SUZANNE R
Address: 635 MARYVILLE CENTRE DRIVE
City-St-Zip: ST. LOUIS, MO 63141

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

Title: D (X) Change () Addition
Name: ROWAN, MICHAEL G
Address: 901 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851

Title: AS (X) Change () Addition
Name: COLIHAN, SHARON
Address: 901 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851

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: SHARON COLIHAN

AS

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date