

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
 05-04-2000 90176 032 ***150.00

DOCUMENT # F96000006118

1. Entity Name
HELLER HEALTHCARE FINANCE, INC.

Principal Place of Business Mailing Address
WISCONSIN CIRCLE 500 W. Monroe St.
FLOOR Tax Dept.
CHRY CHASE MD 20815 Chicago, IL 60661
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 52-2002347		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City	FL	Zip Code	

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	CEO & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELANEY, JOHN K		NAME	Robert E. Radway	
STREET ADDRESS	2 WISCONSIN CIRCLE, 4TH FLOOR		STREET ADDRESS	500 West Monroe St.	
CITY-ST-ZIP	CHEVY CHASE MD 20815		CITY-ST-ZIP	Chicago, IL 60661	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	Sr. Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORDBERG JR, EDWARD P		NAME	Steven I. Silver	
STREET ADDRESS	2 WISCONSIN CIRCLE, 4TH FLOOR		STREET ADDRESS	2 Wisconsin Circle, 4th Fl	
CITY-ST-ZIP	CHEVY CHASE MD 20815		CITY-ST-ZIP	Chevy Chase, MD 20815	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALTER, HILDE M		NAME	Kurt J. Roemer	
STREET ADDRESS	2 WISCONSIN CIRCLE, 4TH FLOOR		STREET ADDRESS	500 W. Monroe St.	
CITY-ST-ZIP	CHEVY CHASE MD 20815		CITY-ST-ZIP	Chicago, IL 60661	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEDER, ETHAN D		NAME	Howard T. Widra	
STREET ADDRESS	2 WISCONSIN CIRCLE, 4TH FLOOR		STREET ADDRESS	2 Wisconsin Circle, 4th Fl	
CITY-ST-ZIP	CHEVY CHASE MD 20815		CITY-ST-ZIP	Chevy Chase MD 20815	
TITLE	S	<input type="checkbox"/> Delete	TITLE	Secretary & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURWIN, STEVEN		NAME	Steven, Curwin	
STREET ADDRESS	2 WISCONSIN CIRCLE, 4TH FLOOR		STREET ADDRESS	2 Wisconsin Circle, 4th Fl	
CITY-ST-ZIP	CHEVY CHASE MD 20815		CITY-ST-ZIP	Chevy Chase MD 20815	
TITLE		<input type="checkbox"/> Delete	TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Barry Libkin	
STREET ADDRESS			STREET ADDRESS	500 W. Monroe St.	
CITY-ST-ZIP			CITY-ST-ZIP	Chicago, IL 60661	

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE: *Barry Libkin* **Barry Libkin, Ass't. Secy.** 4-14-00 312-441-7455
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

652443
F9600006118
Attch

OFFICERS AND DIRECTORS OF HELLER HEALTHCARE FINANCE, INC.

03/01/00

Officers

Robert E. Radway	Chairman & Chief Executive Officer	500 West Monroe Street, Chicago, Illinois, 60661
Howard T. Widra	President	2 Wisconsin Circle, 4th Floor, Chevy Chase, MD, 2081
James L. Marvin	Executive Vice President & Chief Financial Officer	500 West Monroe Street, Chicago, Illinois, 60661
Steven I. Silver	Senior Vice President	2 Wisconsin Circle, 4th Floor, Chevy Chase, MD, 2081
Kurt J. Roemer	Treasurer	500 West Monroe Street, Chicago, Illinois, 60661
Steven Curwin	Exec VP, Chief Admn Ofcr, Gen Counsel & Secy.	2 Wisconsin Circle, 4th Floor, Chevy Chase, MD, 2081
Jeffrey P. Hoffman	Vice President	2 Wisconsin Circle, 4th Floor, Chevy Chase, MD, 2081
Kathy J. Kotowski	Assistant Vice President	2 Wisconsin Circle, 4th Floor, Chevy Chase, MD, 2081
Jeffrey M. Muchmore	Assistant Vice President	2 Wisconsin Circle, 4th Floor, Chevy Chase, MD, 2081
Jean H. Heald	Assistant Treasurer	500 West Monroe Street, Chicago, Illinois, 60661
Judith L. McCoy	Assistant Treasurer	500 West Monroe Street, Chicago, Illinois, 60661
Charles P. Brissman	Assistant Secretary	500 West Monroe Street, Chicago, Illinois, 60661
Thomas Kramer	Assistant Secretary	500 West Monroe Street, Chicago, Illinois, 60661
Barry S. Libkin	Assistant Secretary	500 West Monroe Street, Chicago, Illinois, 60661

Directors

Steven Curwin	2 Wisconsin Circle, 4th Floor, Chevy Chase, MD, 2081
Robert E. Radway	500 West Monroe Street, Chicago, Illinois, 60661
Howard T. Widra	2 Wisconsin Circle, 4th Floor, Chevy Chase, MD, 2081