

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006118

Entity Name: GE HFS HOLDINGS, INC.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

2 BETHESDA METRO CENTER
SUITE 600
BETHESDA, MD 20814 US

New Principal Place of Business:

Current Mailing Address:

C/O GE HEALTHCARE FIN. SVCS - KALLIOMAA
2325 LAKEVIEW PKWY, SUITE 700
ALPHARETTA, GA 30004 US

New Mailing Address:

FEI Number: 52-2002347 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: P () Delete
Name: ALCUS, H. DARREN
Address: 2 BETHESDA METRO CENTER, STE 600
City-St-Zip: BETHESDA, MD 20814

Title: DT () Delete
Name: NEWCOMB, GEORGE A
Address: 500 W MONROE ST
City-St-Zip: CHICAGO, IL 60661

Title: S () Delete
Name: CARRASQUILLO, CARLOS R
Address: 500 W. MONROE ST.
City-St-Zip: CHICAGO, IL 60661

Title: D () Delete
Name: WARING, ROBERT R
Address: 500 W. MONROE ST
City-St-Zip: CHICAGO, IL 60661

Title: DSV () Delete
Name: MASNATO, FREDERICK P
Address: 500 W. MONROE ST
City-St-Zip: CHICAGO, IL 60661

Title: AS () Delete
Name: KALLIOMAA, CONNIE-JO W
Address: 2325 LAKEVIEW PKWY, SUITE 700
City-St-Zip: ALPHARETTA, GA 30004

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
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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: CONNIE-JO W KALLIOMAA

AS

04/28/2008

Electronic Signature of Signing Officer or Director

Date