

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90217 006 ***150.00

DOCUMENT # F96000006118

1. Entity Name

HELLER HEALTHCARE FINANCE, INC.



Principal Place of Business

2 WISCONSIN CIRCLE
4TH FLOOR
CHEVY CHASE MD 20815
US

Mailing Address

500 W MONRIE STREET
TAX DEPT.
CHICAGO IL 60661
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2002347

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RADWAY, ROBERT E 500 W. MONROE ST CHICAGO IL 60661	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIDRA, HOWARD T 2 WISCONSIN CIRCLE, 4TH FLOOR CHEVY CHASE MD 20815	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CURWIN, STEVEN 2 WISCONSIN CIRCLE, 4TH FLOOR CHEVY CHASE MD 20815	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LIBKIN, BARRY 500 W. MONROE ST CHICAGO IL 60661	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/M H. DARREN ALCUS 2 WISCONSIN CIRCLE, 4TH FLOOR CHEVY CHASE MD 20815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEORGE A. NEWCOMB 2 WISCONSIN CIRCLE, 4TH FLOOR CHEVY CHASE MD 20815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV STEVEN CURWIN 2 WISCONSIN CIRCLE, 4TH FLOOR CHEVY CHASE MD 20815	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D ROBERT R. WARING 500 W. MONROE ST. CHICAGO IL 60661	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/ISV GREGORY CAMERON 500 W. MONROE ST CHICAGO IL 60661	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/ISV FREDERICK P. MASNATO 500 W. MONROE ST. CHICAGO IL 60661	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
GREGORY CAMERON

2/19/03

(312) 441-7010

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

80038645

ADDITIONAL PAGE to UBR Document # F96000006118

11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Anthony M. DiGiacomo 500 W. Monroe St. Chicago IL 60661	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Pascale Bissainthe Centola 2 Wisconsin Circle, 4th Floor Chevy Chase MD 20815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Robert P. Goodridge 2 Wisconsin Circle, 4th Floor Chevy Chase MD 20815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition