2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04023

Title:

Name:

Address: City-St-Zip:

Apr 21, 2009 Secretary of State

Entity Name: HOUSEHOLD FINANCE CORPORATION III **Current Principal Place of Business: New Principal Place of Business:** HSBC FINANCE CORP TAX DEPT. 1SW 26525 N. RIVERWOODS BLVD. METTAWA, IL 60045 **Current Mailing Address: New Mailing Address:** HSBC FINANCE CORP TAX DEPT. 1SW 26525 N. RIVERWOODS BLVD. METTAWA, IL 60045 FEI Number: 36-3323021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ANDERSON, DANIEL W. Name: Name: 26525 N. RIVERWOODS BLVD. Address: Address: City-St-Zip: METTAWA, IL 60045 City-St-Zip: VS Title: Title: (X) Delete () Change () Addition Name: HSBC FINANCE CORP. TAX DEPT. 1SW Name: 26525 N. RIVERWOODS BLVD. Address: Address: METTAWA, IL 60045 City-St-Zip: City-St-Zip: Title: Title: AS () Delete AS (X) Change () Addition ANGELO, J.M. ANGELO, J M Name: Name: 26525 N. RIVERWOODS BLVD. 26525 N. RIVERWOODS BLVD. Address: Address: City-St-Zip: METTAWA, IL 60045 City-St-Zip: METTAWA, IL 60045 Title: () Delete Title: PD (X) Change () Addition EXPORITO, C.R. MADISON, KATHRYN Name: Name: Address: 26526 N. RIVERWOODS BLVD. Address: 26526 N. RIVERWOODS BLVD. City-St-Zip: LAKE FOREST, IL 60045 City-St-Zip: METTAWA, IL 60045

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH M ANGELO AS 04/21/2009

() Delete

26525 N. RIVERWOODS BLVD.

MADISON, K.

METTAWA, IL 60045

(X) Change () Addition

ADERSON, DW

METTAWA, IL 60045

26525 N. RIVERWOODS BLVD.