


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90013 009 \*\*\*\*61.25

<b>DOCUMENT # F01000005850</b>	
1. Entity Name <b>TEXAS GUARANTEED STUDENT LOAN CORPORATION</b>	

Principal Place of Business <b>13809 NORTH HWY. 183 SUITE 106 AUSTIN, TX 78750 US</b>	Mailing Address <b>P.O. BOX 201725 AUSTIN, TX 78720-1725 US</b>
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2. Principal Place of Business <b>301 Sundance Parkway</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 83100</b> Suite, Apt. #, etc.
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City & State <b>Round Rock, TX</b>	City & State <b>Round Rock, TX</b>
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Zip <b>78681</b>	Country <b>USA</b>	Zip <b>78683</b>	Country <b>USA</b>
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02242004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>74-2094204</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WRIGHT, MILTON G</b> <b>13809 N HWY 183 SUITE 106</b> <b>AUSTIN, TX 78750</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BP</b> <b>COMBS, T. NEAL</b> <b>13809 N HWY 183 SUITE 106</b> <b>AUSTIN, TX 78750</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PATTERSON, JAMES</b> <b>13809 N HWY 183 SUITE 106</b> <b>AUSTIN, TX 78750</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HEAD, ALBON O JR</b> <b>301 COMMERCE STREET, STE 2400</b> <b>FORT WORTH, TX 76102</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>PHIPPS, JANE</b> <b>P O BOX 201725</b> <b>AUSTIN, TX 787201725</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ESQUIVEL, RUBEN</b> <b>5323 HARRY HINES BLVD.</b> <b>DALLAS, TX 752359166</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>301 Sundance Parkway</b> <b>Round Rock, TX 78681</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP</b> <b>301 Sundance Parkway</b> <b>Round Rock, TX 78681</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>301 Sundance Parkway</b> <b>Round Rock, TX 78681</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>C/D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 617, 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:**  **Milton G. Wright, President & CEO** **02/25/04 (512) 219-5700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Attachment*

#FO1000005850

**DIRECTORS OF  
TEXAS GUARANTEED STUDENT LOAN COPORATION  
(CONTINUED)**

*44015572*

D

**Mr. Tommy J. Brooks**  
2602 Blodgett Street  
Houston, Texas 77004

D

**Mr. Morgan Howard**  
P.O. Box 83100  
Round Rock, Texas 78683-3100

S/D

**Ms. Jorja Kimball**  
3126 TAMUS  
College Station Texas 77843-3126

D

**Mr. James R. Langabeer**  
1201 West University Drive  
Edinburg, Texas 78539

D

**Mr. Jerry Don Miller**  
1403 23<sup>rd</sup> Street  
Canyon, Texas 79015

D

**Ms. Grace-A. Shore**  
2516 West Marshall Avenue  
Longview, Texas 75604

D

**Honorable Carole Keeton Rylander**  
111 E. 17th Street, Room 104  
Austin, Texas 78774