

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005850

FILED
Apr 14, 2006
Secretary of State

Entity Name: TEXAS GUARANTEED STUDENT LOAN CORPORATION

Current Principal Place of Business:

301 SUNDANCE PARKWAY
ROUND ROCK, TX 78681 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 83100
ROUND ROCK, TX 78683 US

New Mailing Address:

FEI Number: 74-2094204 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCMILLIN, SUE
Address: 301 SUNDANCE PARKWAY
City-St-Zip: ROUND ROCK, TX 78681

Title: GC () Delete
Name: COMBS, T. NEAL
Address: 301 SUNDANCE PARKWAY
City-St-Zip: ROUND ROCK, TX 78681

Title: VP () Delete
Name: PATTERSON, JAMES
Address: 301 SUNDANCE PARKWAY
City-St-Zip: ROUND ROCK, TX 78681

Title: D () Delete
Name: HEAD, ALBON O JR
Address: 301 COMMERCE STREET, STE 2400
City-St-Zip: FORT WORTH, TX 76102

Title: D () Delete
Name: BROOKS, TOMMY J
Address: 2602 BLODGETT STREET
City-St-Zip: HOUSTON, TX 77004

Title: CD () Delete
Name: ESQUIVEL, RUBEN
Address: 5323 HARRY HINES BLVD.
City-St-Zip: DALLAS, TX 752359166

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: CD (X) Change () Addition
Name: HEAD, ALBON O JR
Address: 301 COMMERCE STREET, STE 2400
City-St-Zip: FORT WORTH, TX 76102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ESQUIVEL, RUBEN
Address: 5323 HARRY HINES BLVD.
City-St-Zip: DALLAS, TX 752359166

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE MCMILLIN

Electronic Signature of Signing Officer or Director

PRES

04/14/2006

Date