

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

80065216

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|--|--|---|---|--|--|
| DOCUMENT # F01000005850 1. Entity Name TEXAS GUARANTEED STUDENT LOAN CORPORATION | | | | | |
| Principal Place of Business 13809 NORTH HWY. 183 SUITE 106 AUSTIN, TX 78750 US | | Mailing Address P.O. BOX 201725 AUSTIN, TX 78720-1725 US | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 74-2094204 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining)</small> | | | | | |
| FILE NOW - FEE IS \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WRIGHT, MILTON G 13809 N HWY 183 SUITE 106 AUSTIN, TX 78760 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BP COMBS, T. NEAL 13809 N HWY 183 SUITE 106 AUSTIN, TX 78760 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PATTERSON, JAMES 13809 N HWY 183 SUITE 106 AUSTIN, TX 78760 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ROBINSON, W. BRUCE 13809 N HWY 183 SUITE 106 AUSTIN, TX 78760 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Albon O. Head, Jr. 301 Commerce Street, STE 2400 Fort Worth, TX 76102 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD PHIPPS, JANE P O BOX 201725 AUSTIN, TX 787201725 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ESQUIVEL, RUBEN 6323 HARRY HINES BLVD. DALLAS, TX 762359166 | <input type="checkbox"/> Delete | 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 | | 3/21/2003 (512)219-5700 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |

CR2E037 (10/02)



Attachment

P.O. Box 201725 Austin, Texas 78720-1725 | (800) 252-9743 | (512) 219-5700 | www.tgslc.org

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F01000005850

March 24, 2003

Florida Department of State
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Not-For Profit Corporation Uniform Business Report

Dear Sir or Madam:

Enclosed is Texas Guaranteed Student Loan Corporation's ("TG") annual Uniform Business Report. Also enclosed is a check in the amount of \$61.25 to cover the filing fee for this report.

If you have any questions regarding this letter or the attached filing, please call me at 800-252-9743, extension 4838.

Sincerely,

Therese Sternberg
Senior Paralegal

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