

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000001231

**FILED**  
**Apr 26, 2017**  
**Secretary of State**  
**CC5781510561**

**Entity Name:** MASSACHUSETTS HIGHER EDUCATION ASSISTANCE CORPORATION

**Current Principal Place of Business:**

100 CAMBRIDGE STREET  
SUITE 1600  
BOSTON, MA 02114

**Current Mailing Address:**

100 CAMBRIDGE STREET  
SUITE 1600  
BOSTON, MA 02114 US

**FEI Number: 04-2254705**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title	DIRECTOR	Title	PRESIDENT, CEO, DIRECTOR
Name	BEHM, RANDALL H.	Name	EDDY, JEAN
Address	100 CAMBRIDGE STREET SUITE 1600	Address	100 CAMBRIDGE STREET SUITE 1600
City-State-Zip:	BOSTON MA 02114	City-State-Zip:	BOSTON MA 02114
Title	CLERK, VP, GC	Title	DIRECTOR
Name	SHEEHAN, J. CHRISTOPHER	Name	FULP, CAROL
Address	100 CAMBRIDGE STREET SUITE 1600	Address	100 CAMBRIDGE STREET SUITE 1600
City-State-Zip:	BOSTON MA 02114	City-State-Zip:	BOSTON MA 02114
Title	DIRECTOR	Title	DIRECTOR
Name	GENNARI, LAWRENCE H.	Name	GOMEZ, ANDY S.
Address	100 CAMBRIDGE STREET SUITE 1600	Address	100 CAMBRIDGE STREET SUITE 1600
City-State-Zip:	BOSTON MA 02114	City-State-Zip:	BOSTON MA 02114
Title	DIRECTOR	Title	DIRECTOR
Name	GRAF, THOMAS	Name	KENYON, DIONE D.
Address	100 CAMBRIDGE STREET SUITE 1600	Address	100 CAMBRIDGE STREET SUITE 1600
City-State-Zip:	BOSTON MA 02114	City-State-Zip:	BOSTON MA 02114

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: J. CHRISTOPHER SHEEHAN**

**VP/GC**

**04/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER, CFO, SVP OF FINANCE  
Name           MATEZ, BARBARA F.  
Address        100 CAMBRIDGE STREET  
                SUITE 1600  
City-State-Zip: BOSTON MA 02114

Title           DIRECTOR  
Name           REAVES, DONALD J.  
Address        100 CAMBRIDGE STREET  
                SUITE 1600  
City-State-Zip: BOSTON MA 02114

Title           DIRECTOR  
Name           SEGALL, PETER  
Address        100 CAMBRIDGE STREET  
                SUITE 1600  
City-State-Zip: BOSTON MA 02114