2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000001231

Entity Name: MASSACHUSETTS HIGHER EDUCATION ASSISTANCE

CORPORATION

Current Principal Place of Business:

33 ARCH STREET SUITE 2100 BOSTON, MA 02110

Current Mailing Address:

33 ARCH STREET SUITE 2100 BOSTON, MA 02110 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.

Name

Title

Title

Name

Address

Name

Address

Address

City-State-Zip:

City-State-Zip:

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Apr 29, 2019

Secretary of State

5022243912CC

Officer/Director Detail:

Title PRESIDENT AND CHIEF EXECUTIVE Title CLERK, VP, GC

OFFICER

Name EDDY, JEAN

Address 33 ARCH STREET

SUITE 2100

33 ARCH STREET

City-State-Zip: BOSTON MA 02110

Title DIRECTOR

Name FULP, CAROL

Address

SUITE 2100

City-State-Zip: BOSTON MA 02110

Title DIRECTOR

Name GRAF, THOMAS

Address 33 ARCH STREET

SUITE 2100

City-State-Zip: BOSTON MA 02110

Title EXECUTIVE VICE PRESIDENT AND

CHIEF FINANCIAL OFFICER

Name MATEZ, BARBARA F.

Address 33 ARCH STREET SUITE 2100

City-State-Zip: BOSTON MA 02110

City-State-Zip:

City-State-Zip: BOSTON MA 02110

Title CHAIRMAN OF THE BOARD

SHEEHAN, J. CHRISTOPHER

VICE CHAIRMAN OF THE BOARD

GENNARI. LAWRENCE H.

33 ARCH STREET

BOSTON MA 02110

33 ARCH STREET

BOSTON MA 02110

KENYON, DIONE D.

33 ARCH STREET

SUITE 2100

DIRECTOR

SUITE 2100

SUITE 2100

Name REAVES, DONALD J.

Address 33 ARCH STREET

SUITE 2100

City-State-Zip: BOSTON MA 02110

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

CLERK

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

BOSTON MA 02110

City-State-Zip:

DIRECTOR Title Title DIRECTOR

Name SEGALL, PETER Name CRIMMINS, STEPHANIE

Address 33 ARCH STREET Address 33 ARCH STREET

SUITE 2100 SUITE 2100

BOSTON MA 02110 BOSTON MA 02110 City-State-Zip: City-State-Zip:

DIRECTOR Title DIRECTOR Title DIAZ-ANDRADE, PATTY Name FINGER, ARIA Name

Address 33 ARCH STREET Address 33 ARCH STREET

SUITE 2100 SUITE 2100

BOSTON MA 02110

City-State-Zip:

Title DIRECTOR Title DIRECTOR

MCCANN, EMILY Name JONES, KENNETH M. II Name

Address 33 ARCH STREET Address 33 ARCH STREET

SUITE 2100 SUITE 2100

City-State-Zip: BOSTON MA 02110 City-State-Zip: BOSTON MA 02110