

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000001231

FILED
Apr 29, 2016
Secretary of State
CC0343495358

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
Name BEHM, RANDALL H.
Address 26120 WESTWOOD ROAD
City-State-Zip: WESTLAKE OH 44145

Title PRESIDENT
Name COMBE, PAUL C.
Address 100 CAMBRIDGE STREET
SUITE 1600
City-State-Zip: BOSTON MA 02114

Title DIRECTOR
Name EDDY, JEAN C.
Address 225 EAST FOXBORO ST.
City-State-Zip: SHARON MA 02067

Title DIRECTOR
Name FULP, CAROL
Address 54 COMMONWEALTH AVENUE
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name GENNARI, LAWRENCE H.
Address 85 PINE STREET
City-State-Zip: WESTON MA 02493

Title DIRECTOR
Name GOMEZ, ANDY S.
Address 2401 ANDERSON ROAD
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name GRAF, THOMAS
Address 133 PERKINS STREET
City-State-Zip: MELROSE MA 02176

Title DIRECTOR
Name KENYON, DIONE D.
Address 24 KRISTEN COURT
City-State-Zip: WARWICK RI 02888

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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: PAUL COMBE

PRESIDENT

04/29/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name REAVES, DONALD J.
Address 5005 MARBLE ARCH ROAD
City-State-Zip: WINSTON-SALEM NC 27104

Title DIRECTOR
Name SEGALL, PETER
Address 37 SWARTHMORE ROAD
City-State-Zip: WELLESLEY MA 02482