

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004630

**Entity Name:** CHASE STUDENT LOANS, INC.**Current Principal Place of Business:**1111 POLARIS PKWY, FL 2A  
COLUMBUS, OH 43240**Current Mailing Address:**3900 WESTERRE PKWY  
301  
RICHMOND, VA 23233 US**FEI Number:** 04-3482987**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 AS  
Name EVANS, KATHERINE M  
Address 3900 WESTERRE PKWY, STE 301  
City-State-Zip: RICHMOND VA 23233

Title DT  
Name MORTON, KEITH  
Address 1 EAST OHIO STREET, FL 14  
City-State-Zip: INDIANAPOLIS IN 46204

Title ASST. TREASURER  
Name ALEXANDER, KELLY M  
Address 1111 POLARIS PKWY, FL 2A  
City-State-Zip: COLUMBUS OH 43240

Title ASST. SECRETARY  
Name MEADE, COLLEEN A  
Address 4 CHASE METROTECH CENTER, FL  
22  
City-State-Zip: BROOKLYN NY 11245

Title DP  
Name CONDER, LAURA K  
Address 1 EAST OHIO STREET, FLOOR 14  
City-State-Zip: INDIANAPOLIS IN 46204-1912

Title DS  
Name MCNEILL, MARA A  
Address 900 STEWART AVENUE, FLOOR 06  
City-State-Zip: GARDEN CITY NY 11530-4855

Title ASST. TREASURER  
Name LAMP, MICHAEL  
Address 1111 POLARIS PKWY, FL 2A  
City-State-Zip: COLUMBUS OH 43240

Title ASST. SECRETARY  
Name BANNERMAN, CHRISTINE N  
Address 4 CHASE METROTECH CENTER, FL  
22  
City-State-Zip: BROOKLYN NY 11245

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** COLLEEN A MEADE**ASST SECRETARY****01/23/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	ASST. SECRETARY
Name	HORAN, ANTHONY J
Address	270 PARK AVE, FL 38
City-State-Zip:	NEW YORK NY 10017