

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **734218** (1)
1. Corporation Name
AMERICAN EDUCATION FINANCE ASSOCIATION, INC.



Principal Place of Business Mailing Address
ATTN: GEORGE R. BABIGIAN, SEC TREAS
5249 CAPE LEYTE DR SARASOTA FL 34242

3. Date Incorporated or Qualified **10/31/1975** 3a. Date of Last Report **01/20/1995**
4. FEI Number **58-1350874** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
BABIGIAN, GEORGE
5249 CAPE LEYTE DR.
SARASOTA FL 34242

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *George Babigian* 2/5/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KEARNEY, PHILIP C PROFE	
STREET ADDRESS	UNIVERSITY OF MICHIGAN	
CITY-ST-ZIP	ANN ARBOR MI	
TITLE	PE	<input type="checkbox"/> DELETE
NAME	HONEYMAN, DAVID S.	
STREET ADDRESS	UNIVERSITY OF FLORIDA 2403 NORMAN HALL	
CITY-ST-ZIP	GAINSVILLE FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	BABIGIAN, GEORGE R	
STREET ADDRESS	5249 CAPE LEYTE DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARK, CATHERINE	
STREET ADDRESS	TX CNTR FOR ED RESEARCH, 7703 N. LAMAR BLVD	
CITY-ST-ZIP	AUSTIN TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THEOBALD, NIEL - ASSOC.	
STREET ADDRESS	INDIANA UNIV.- 170 SMITH CENTER	
CITY-ST-ZIP	BLOOMINGTON IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBSON, STEPHEN - ASSO	
STREET ADDRESS	SUNY AT BUFFALO 471 B. HALL	
CITY-ST-ZIP	BUFFALO NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mary P. McKeown	
1.3 STREET ADDRESS	2020 N. Central Suite 230	
1.4 CITY-ST-ZIP	Phoenix, AZ. 85004	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *George Babigian* 2/5/96 941/349-7580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)