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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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
ATTN: GEORGE R. BABIGIAN, SEC TREAS
5249 CAPE LEYTE DR SARASOTA FL 34242-1805

3. Date Incorporated or Qualified 10/31/1975
3a. Date of Last Report 02/09/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 58-1350874	Applied For Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	28		
Zip	Country	29	30
24	25		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BABIGIAN, GEORGE 5249 CAPE LEYTE DR. SARASOTA FL 34242	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P MCKEOWN, MARY P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2020 NORTH CENTRAL, SUITE 230	1.2 NAME	Larry O. Picus
STREET ADDRESS	PHOENIX AZ	1.3 STREET ADDRESS	University of Southern California
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Los Angeles, CA. 90089-0031
TITLE	PE HONEYMAN, DAVID S. <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UNIVERSITY OF FLORIDA 2403 NORMAN HALL	2.2 NAME	Eugene P. McLoone
STREET ADDRESS	GAINSVILLE FL	2.3 STREET ADDRESS	102 Clarion Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Johnstown, PA. 15905-2220
TITLE	ED BABIGIAN, GEORGE R <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5249 CAPE LEYTE DR	3.2 NAME	
STREET ADDRESS	SARASOTA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D CLARK, CATHERINE <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TX CNTR FOR ED RESEARCH, 7703 N. LAMAR BLVD	4.2 NAME	MR. JEWELL C. GOULD
STREET ADDRESS	AUSTIN TX	4.3 STREET ADDRESS	DIRECTOR OF RESEARCH
CITY-ST-ZIP		4.4 CITY-ST-ZIP	AMERICAN FED. OF TEACHERS
TITLE	D THEOBALD, NIEL - ASSOC. <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INDIANA UNIV.- 170 SMITH CENTER	5.2 NAME	DR. RICHARD A. KING
STREET ADDRESS	BLOOMINGTON IN	5.3 STREET ADDRESS	UNIV OF NORTHERN COLORADO
CITY-ST-ZIP		5.4 CITY-ST-ZIP	418 MCKEE HALL
TITLE	D JACOBSON, STEPHEN - ASSO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNY AT BUFFALO 471 B. HALL	6.2 NAME	
STREET ADDRESS	BUFFALO NY	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1/10/97 941/349-7580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063725

CR2E037 (9/96)