

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 734218 (1)**  
 T. Corporation Name  
**AMERICAN EDUCATION FINANCE ASSOCIATION, INC.**



Principal Place of Business ATTN: GEORGE R. BABIGIAN, SEC TREAS 5249 CAPE LEYTE DR SARASOTA FL 34242	Mailing Address ATTN: GEORGE R. BABIGIAN, SEC TREAS 5249 CAPE LEYTE DR SARASOTA FL 34242
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3. Date Incorporated or Qualified <b>10/31/1975</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number <b>58-1350874</b>	Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

**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 617.0502, Florida Statutes.

SIGNATURE: *George R. Babigian* DATE: 1/5/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <del>LARRY O. PICUS</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UNIVERSITY OF SOUTHERN CALIFORNIA	1.2 NAME	Eugene P. McLoone
STREET ADDRESS	LOS ANGELES CA	1.3 STREET ADDRESS	102 CLAIION ST.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Johnstown, PA
TITLE	V <del>EUGENE P. MCLOONE</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSTOWN PA	2.2 NAME	R Craig Wood
STREET ADDRESS		2.3 STREET ADDRESS	Norman Hall
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Gainesville, FL, 32611-7048
TITLE	ED <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABIGIAN, GEORGE R	3.2 NAME	
STREET ADDRESS	5249 CAPE LEYTE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEWELL C. GOULD	4.2 NAME	
STREET ADDRESS	555 NEW JERSEY AVE., NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD A. KING	5.2 NAME	
STREET ADDRESS	418 MCKEE HALL	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREELEY CO	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, STEPHEN - ASSO	6.2 NAME	
STREET ADDRESS	SUNY AT BUFFALO 471 B. HALL	6.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY	6.4 CITY-ST-ZIP	

14. I 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 R. Babigian* DATE: 1/5/98 PHONE: 941/349-7580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)