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FORM 1003

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 734218

1. Corporation Name

AMERICAN EDUCATION FINANCE ASSOCIATION, INC.

9 2709 7 90025 17 9

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

10/31/1975

22 City & State

27 City & State

4. FEI Number

Applied For

23 Zip

Country

28 Zip

Country

58-1350874

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

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

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 R. Babigian

George R. Babigian

1/5/99

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MCLOONE, EUGENE P	
STREET ADDRESS	102 CLAION ST	
CITY-ST-ZIP	JOHNSTOWN PA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WOOD, R C	
STREET ADDRESS	NORMAN HALL	
CITY-ST-ZIP	GAINESVILLE FL 32611-7049	
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	JEWELL C. GOULD	
STREET ADDRESS	555 NEW JERSEY AVE., NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARD A. KING	
STREET ADDRESS	418 MCKEE HALL	
CITY-ST-ZIP	GREELEY CO	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JACOBSON, STEPHEN - ASSO	
STREET ADDRESS	SUNY AT BUFFALO 471 B. HALL	
CITY-ST-ZIP	BUFFALO NY	

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P R. Craig Wood	
1.3 STREET ADDRESS	Norman Hall	
1.4 CITY-ST-ZIP	Gainesville, FL. 32611-7049	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stephen L. Jacobson	
2.3 STREET ADDRESS	SUNY at Buffalo 471 B. Hall	
2.4 CITY-ST-ZIP	Buffalo, NY. 14260	
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	D Edward J. Hurley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	NEA - 1201 16th St. NW	
6.3 STREET ADDRESS	Washington, DC. 20036	
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, with all other like empowered.

SIGNATURE: George R. Babigian REQUIRED

1/5/99 941/349-7580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)