

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90070 039 \*\*\*\*70.00

**DOCUMENT # 734218**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**58-1350874**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BABIGIAN, GEORGE**  
**5249 CAPE LEYTE DR.**  
**SARASOTA FL 34242**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

*George R. Babigian*

*George Babigian* 1/16/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **P WOOD, CRAIG R**  
 STREET ADDRESS **NORMAL HILL**  
 CITY-ST-ZIP **GAINESVILLE FL 32611-7049**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V JACOBSON, STEPHEN L**  
 STREET ADDRESS **SUNY 471 B. HALL**  
 CITY-ST-ZIP **BUFFALO NY 14260**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **ED BABIGIAN, GEORGE R**  
 STREET ADDRESS **5249 CAPE LEYTE DR**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D JEWELL C. GOULD**  
 STREET ADDRESS **555 NEW JERSEY AVE., NW**  
 CITY-ST-ZIP **WASHINGTON DC**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D RICHARD A. KING**  
 STREET ADDRESS **418 MCKEE HALL**  
 CITY-ST-ZIP **GREELEY CO**

TITLE  Change  Addition  
 NAME **D Don I. Tharpe**  
 STREET ADDRESS **11401 North Shore Drive**  
 CITY-ST-ZIP **Reston, VA. 22090-4232**

TITLE  Delete  
 NAME **D HURLEY, EDWARD J**  
 STREET ADDRESS **NEA-1201 16TH NW**  
 CITY-ST-ZIP **WASHINGTON DC 10036**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*George R. Babigian*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/00 941/349-7580

Date

Daytime Phone #

CR2E037 (9/99)