

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734218

FILED
Feb 04, 2009
Secretary of State

Entity Name: AMERICAN EDUCATION FINANCE ASSOCIATION, INC.

Current Principal Place of Business:

ATTN: R. CRAIG WOOD, SEC TREAS
258 NORMAN HALL, UNIV. OF FLORIDA
GAINESVILLE, FL 32611

New Principal Place of Business:

ATTN: R. CRAIG WOOD, SEC TREAS
200 NORMAN HALL, UNIV. OF FLORIDA
GAINESVILLE, FL 32611

Current Mailing Address:

ATTN: R. CRAIG WOOD, SEC TREAS
258 NORMAN HALL
GAINESVILLE, FL 32611

New Mailing Address:

ATTN: R. CRAIG WOOD, SEC TREAS
200 NORMAN HALL, UNIV. OF FLORIDA
GAINESVILLE, FL 32611

FEI Number: 58-1350874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, CRAIG
258 NORMAN HALL
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 32611 US

Name and Address of New Registered Agent:

WOOD, CRAIG
200 NORMAN HALL
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 32611 US

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:

02/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHWARTZ, AMY
Address: NEW YORK UNIVERSITY
City-St-Zip: NEW YORK, NY 10012

Title: VP () Delete
Name: ORLAND, MARTIN
Address: WESTED
City-St-Zip: LAYTONSVILLE, MD 20882

Title: EX D () Delete
Name: WOOD, CRAIG
Address: 258 NORMAN HALL, UNIVERSITY OF FLORIDA
City-St-Zip: GAINESVILLE, FL 32611

Title: D () Delete
Name: JEWELL C. GOULD,
Address: 555 NEW JERSEY AVE., NW
City-St-Zip: WASHINGTON, DC

Title: D () Delete
Name: HURLEY, EDWARD I
Address: 1201 16TH ST. NW
City-St-Zip: WASHINGTON, DC 200367697

Title: D () Delete
Name: SKINNER, RONALD
Address: 11401 NORTH SHORE DR
City-St-Zip: RESTON, VA 220904232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG WOOD

EX D

02/04/2009

Electronic Signature of Signing Officer or Director

Date