2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734218

FILED Jan 12, 2011 Secretary of State

Entity Name: AMERICAN EDUCATION FINANCE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

ATTN: R. CRAIG WOOD, SEC TREAS 1215 NORMAN HALL,BOX 117049, U. OF FLORIDA GAINESVILLE, FL 32611

Current Mailing Address: New Mailing Address:

ATTN: R. CRAIG WOOD, SEC TREAS
1215 NORMAN HALL,BOX 117049, U. OF FLORIDA
ATTN: SUSANNA LOEB
520 GALVEZ MALL, CERAS BUILDING

GAINESVILLE, FL 32611 STANFORD, CA 94305

FEI Number: 58-1350874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOOD, CRAIG

1215 NORMAN HALL

UNIVERSITY OF FLORIDA

GAINESVILLE, FL 32611 US

HERRINGTON, CAROLYN

1209 STONE BUILDING

FLORIDA STATE UNIVERSITY

TALLAHASSEE, FL 32306 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: CAROLYN HERRINGTON 01/12/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DR.

Name: ORLAND, MARTIN

Address: 1350 CONNECTICUT AVE, NW City-St-Zip: WASHINGTON, DC 20036 US

Title: PRES

Name: LOEB, SUSANNA

Address: 520 GALVEZ MALL, STANFORD UNIV.

City-St-Zip: STANFORD, CA 94305 US

Title: DR.

Name: HERRINGTON, CAROLYN
Address: 1209 STONE BUILDING
City-St-Zip: TALLAHASSEE, FL 32306 US

Title:

Name: JEWELL C. GOULD
Address: 555 NEW JERSEY AVE., NW
City-St-Zip: WASHINGTON, DC US

Title:

Name: HURLEY, EDWARD I Address: 1201 16TH ST. NW

City-St-Zip: WASHINGTON, DC 200367697 US

Title: [

Name: SKINNER, RONALD
Address: 11401 NORTH SHORE DR
City-St-Zip: RESTON, VA 220904232 US

I hereby 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 all other like empowered.

SIGNATURE: SUSANNA LOEB PRES 01/12/2011

Electronic Signature of Signing Officer or Director

Date