2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jun 07, 2004 8:00 am Secretary of State

DOCUMENT # F0100005952 1. Entity Name EDUCATION LENDING SERVICES, INC.					06-07-2004 90007 044 ***150.00			
12760 HIGH BLUFF DR., STE 210		Mailing Address 12760 HiGH BLUFF DR., SAN DIEGO, CA 92130	12760 HIGH BLUFF DR., STE 210		14023544			
2. Principal P	lace of Business	3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		05242004	Chg-P	CR2E034 (10	V03)
City & State		City & State	City & State		4. FEI Number Applied For 52-2270753 Not Applicable			
_Zp		Zip	Country					
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent				
NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
			City				FL Zi	p 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. It am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE								
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	9. Election Campaigr Trust Fund Contrib		\$5. Adde	00 May Be and to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			?)(b), F.S., the prior notice.
10. OFFICERS AND DIRE		DIRECTORS	CTORS 11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCD SHAUT, MICHAEL H	☐ Delete	TITLE NAME		•		⊠ ¢	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	THE CO MECH DECIL DR DID -10				
TITLE NAME	SD FEIST, DOUGLAS L	☐ Defete	TITLE NAME			•	□a	hange 🗌 Addition
STREET ADDRESS	12760 HIGH BLUFF DR., STE 21 SAN DIEGO, CA	0	STREET ADORESS CITY-ST-ZIP					
NTLE	TD	- Delete	TITLE					nange Addition_
NAME	CLARK, JAMES G	, Delete	NAME		_ 	· ·		lange [_] Audition:
STREET ADDRESS	12760 HIGH BLUFF DR., STE 21	0	STREET ADDRESS					
CITY-ST-ZIP	SAN DIEGO, CA		CITY-ST-ZIP					
TITLE	V	☐ Delete	TITLE		, , , <u>, , , , , , , , , , , , , , , , </u>			hange
NAME	MOORE, PERRY D		NAME					
STREET ADDRESS	6 EAST 4TH STREET STE 300		STREET ADDRESS					
CITY-ST-ZIP	CINCINNATI, OH 45202	<u> </u>	CITY-ST-ZIP	ļ				C 1.1.00
NAME		☐ Delete	TITLE				C C	nange [] Addition
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			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 suppliemental 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 requiver or trustee empowered to execute this report as required by Chapter 607, 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED RAME OF SIGNING OFFICER OF DIRECTOR

Delete

DOUGLAS L. FEIST, SEC

(858) 617-6080

☐ Change

☐ Addition

Date

Daytime Phone #