

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90315 022 ***150.00

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1. Entity Name

EDUCATION LENDING SERVICES, INC.



Principal Place of Business

12760 HIGH BLUFF DR., STE 210
SAN DIEGO, CA 92130

Mailing Address

12760 HIGH BLUFF DR., STE 210
SAN DIEGO, CA 92130

50024929



02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2270753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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IN THIS SPACE**

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. I 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCD
NAME SHAUT, MICHAEL H
STREET ADDRESS 12760 HIGH BLUFF DRIVE STE 210
CITY-ST-ZIP SAN DIEGO, CA 92130

TITLE SD
NAME FEIST, DOUGLAS L
STREET ADDRESS 12760 HIGH BLUFF DR., STE 210
CITY-ST-ZIP SAN DIEGO, CA

TITLE TD
NAME CLARK, JAMES G
STREET ADDRESS 12760 HIGH BLUFF DR., STE 210
CITY-ST-ZIP SAN DIEGO, CA

TITLE V
NAME MOORE, PERRY D
STREET ADDRESS 6 EAST 4TH STREET STE 300
CITY-ST-ZIP CINCINNATI, OH 45202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #