
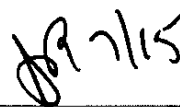
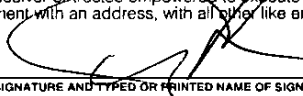


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F01000005952 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		
2. Principal Place of Business 12680 High Bluff Dr Ste 310 Suite, Apt. #, etc.		3. Mailing Address 12680 High Bluff Dr Suite, Apt. #, etc.			
City & State San Diego, CA 92130		City & State San Diego, CA		4. FEI Number 52-2270753	
Zip 92130	Country USA	Zip 92130	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SHAUT, MICHAEL H 12760 HIGH BLUFF DRIVE STE 210 SAN DIEGO, CA 92130		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 12680 High Bluff Dr Ste 310	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FEIST, DOUGLAS L 12760 HIGH BLUFF DR., STE 210 SAN DIEGO, CA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 12680 High Bluff Dr Ste 310	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARK, JAMES G 12760 HIGH BLUFF DR., STE 210 SAN DIEGO, CA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD OLDEN, JEFFREY A. 12680 High Bluff Dr Ste 310 San Diego, CA 92130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOORE, PERRY D 6 EAST 4TH STREET STE 300 CINCINNATI, OH 45202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300057719663 07/20/05--01055--013 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			DOUGLAS L. FEIST, SR EVP		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 06/13/05 Daytime Phone # 858.617.6080		

FILED
05 JUL 11 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06232005 Chg-P CR2E034 (10/03)