


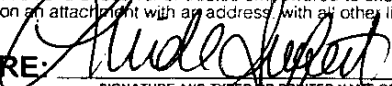


2007 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # F01000005952 1. Entity Name EDUCATION LENDING SERVICES, INC.						FILED 07 MAY 23 PM 1:38 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 12680 HIGH BLUFF DR., STE 310 SAN DIEGO, CA 92130				Mailing Address 1 CIT DRIVE LIVINGSTON, NJ 07039			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 52-2270753				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05032007 Chg-P CR2E034 (12/06)			
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007				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	PCEO SHAUT, MICHAEL H 1500 W. 3RD STREET CLEVELAND, OH <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RANDALL M. CHESLER 1 CIT DRIVE LIVINGSTON, NJ 07039 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEVP FEIST, DOUGLAS L 12680 HIGH BLUFF DR., STE 310 SAN DIEGO, CA 92130 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Douglas Feist 12680 High Bluff Dr. Ste 310 San Diego, CA 92130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VOTEK, GLENN 1 CIT DRIVE LIVINGSTON, NJ 07039 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300103905589 06/05/07--01015--009 **4850.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SEUFERT, LINDA 1 CIT DRIVE LIVINGSTON, NJ 07039 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY & SVP Eric Mandelbaum 1 CIT Drive Livingston, NJ 07039 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR EXEC VP & ASST. SECY. ROBERT J. INGATO 1 CIT DRIVE LIVINGSTON, NJ 07039 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  LINDA SEUFERT				5/4/07 973 70 740-5796			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Day Daytime Phone #</small>			