

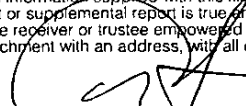


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F02000000257 1. Entity Name STUDENT LOAN XPRESS, INC.						FILED 05 JUL 12 PM 10:45 SECRET FILED	
Principal Place of Business 12760 HIGH BLUFF DR., STE 210 SAN DIEGO, CA 92131				Mailing Address 12760 HIGH BLUFF DR., STE 210 SAN DIEGO, CA 92131			
2. Principal Place of Business 12680 High Bluff Dr Suite, Apt. #, etc. Ste 310		3. Mailing Address 12680 High Bluff Dr Suite, Apt. #, etc. Ste 310				06232005 Chg-P CR2E034 (10/03)	
City & State San Diego, CA		City & State San Diego, CA		4. FEI Number 33-0959408		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip Country 92130 USA		Zip Country 92130 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 _____							
9. 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 VS <input type="checkbox"/> Delete NAME FEIST, DOUGLAS L STREET ADDRESS 12760 HIGH BLUFF DR., STE 210 CITY-ST-ZIP SAN DIEGO, CA				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 12680 High Bluff Dr Ste 310 CITY-ST-ZIP			
TITLE VT <input checked="" type="checkbox"/> Delete NAME CLARK, JAMES G STREET ADDRESS 12760 HIGH BLUFF DR., STE 210 CITY-ST-ZIP SAN DIEGO, CA				TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME OLDEN, JEFFREY A. STREET ADDRESS 12680 High Bluff Dr Ste 310 CITY-ST-ZIP San Diego, CA 92130			
TITLE CD <input type="checkbox"/> Delete NAME SHAUT, MICHAEL H STREET ADDRESS 12760 HIGH BLUFF DRIVE, STE 210 CITY-ST-ZIP SAN DIEGO, CA 92130				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 12680 High Bluff Dr Ste 310 CITY-ST-ZIP			
TITLE PD <input type="checkbox"/> Delete NAME BALESTRI, FABRIZIO STREET ADDRESS 12760 HIGH BLUFF DR, STE 210 CITY-ST-ZIP SAN DIEGO, CA 92130				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 12680 High Bluff Dr Ste 310 CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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 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 06/13/05 858.617.6080			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	