

2007 FOR PROFIT CORPORATION ANNUAL REPORT

156

DOCUMENT # F02000000257

1. Entity Name
STUDENT LOAN XPRESS, INC.



FILED

07 MAY 23 PM 1:40

CLERK OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
12680 HIGH BLUFF DR., STE 310
SAN DIEGO, CA 92130 US

Mailing Address
12680 HIGH BLUFF DR., STE 310
SAN DIEGO, CA 92130 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

05032007 Chg-P CR2E034 (12/06)

4. FEI Number
33-0959408

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	FEIST, DOUGLAS L	
STREET ADDRESS	12680 HIGH BLUFF DR., STE 310	
CITY-ST-ZIP	SAN DIEGO, CA 92130	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VOTEK, GLENN	
STREET ADDRESS	1 CIT DRIVE	
CITY-ST-ZIP	LIVINGSTON, NJ 07039	
TITLE	D	<input type="checkbox"/> Delete
NAME	INGATO, ROBERT	
STREET ADDRESS	1 CIT DRIVE	
CITY-ST-ZIP	LIVINGSTON, NJ 07039	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BALESTRI, FABRIZIO	
STREET ADDRESS	12680 HIGH BLUFF DR., STE 310	
CITY-ST-ZIP	SAN DIEGO, CA 92130	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SEUFERT, LINDA	
STREET ADDRESS	1 CIT DRIVE	
CITY-ST-ZIP	LIVINGSTON, NJ 07039	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric Mandelbaum	
STREET ADDRESS	1 CIT Drive	
CITY-ST-ZIP	Livingston, NJ 07039	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Randall Chesler	
STREET ADDRESS	1 CIT Drive	
CITY-ST-ZIP	Livingston, NJ 07039	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA SEUFERT 5/4/07 973-740-5796