2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005812

FILED Mar 17, 2005 Secretary of State

Entity Name: PENNSYLVANIA HIGHER EDUCATION ASSISTANCE AGENCY, INC.

Current Principal Place of Business: New Principal Place of Business: 1200 N. 7TH STREET HARRISBURG, PA 171021419 **Current Mailing Address: New Mailing Address:** 4700 GREAT OAK LANE HARRISBURG, PA 17110 FEI Number: 23-1693362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TAYLOR, ELINOR Z Name: Name: HR 315 CAPITOL BLDG. Address: Address: City-St-Zip: HARRISBURG, PA 17120 City-St-Zip: Title: VC () Delete Title: () Change () Addition FUMO, VINCENT J Name: Name: Address: SEN 545 CAPITOL BLDG. Address: City-St-Zip: HARRISBURG, PA 17120 City-St-Zip: Title: () Delete Title: (X) Change () Addition MELLOW, ROBERT J ADOLPH, WILLIAM F Name: Name: SEN 535 CAPITOL BLDG. Address: Address: HR 110 ROB City-St-Zip: HARRISBURG, PA 17120 City-St-Zip: HARRISBURG, PA 17120 Title: () Delete Title: () Change () Addition Name: BUXTON, RONALD Name: Address: HR 528 E. CAPITOL BLDG. Address: City-St-Zip: HARRISBURG, PA 17120 City-St-Zip: Title: () Delete Title: (X) Change () Addition MCKENZIE, EDNA B CORMAN, JAKE Name: Name: CCAC 808 RIDGE AVE. SEN 171 CAPITOL BUILDING Address: Address: City-St-Zip: PITTSBURGH, PA 15212 City-St-Zip: HARRISBURG, PA 17120 Title: () Delete Title: (X) Change () Addition COLAFELLA, NICHOLAS A HUGHES, VINCENT J Name: Name: Address: HR 300 CAPITOL BLDG. Address: SEN 543 CAPITOL BLDG. HARRISBURG, PA 17120 HARRISBURG, PA 17120 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA DOW-FORD VP 03/17/2005