## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001083

Entity Name: COLLEGE LOAN CORPORATION

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
C/O CARY S. KATZ 14303 GATEWAY PL POWAY, CA 92064				ATTN: CORPORATE TAX PERSONNEL 14303 GATEWAY PLACE POWAY, CA 92064			
Current Mailing Address:				New Mailing Address:			
C/O CARY S. KATZ 14303 GATEWAY PL POWAY, CA 92064				ATTN: CORPORATE TAX PERSONNEL 14303 GATEWAY PLACE POWAY, CA 92064			
FEI Number:	33-0873915	FEI Number Applied For ( )	FEI Num	nber Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1201 HAYS TALLAHAS	STREET SEE, FL 323 named entity		rpose of	f changing it	s registered (	office or registered agent, or both,	
SIGNATUR		nic Signature of Registered Agent				 Date	
Election Cam		g Trust Fund Contribution ( ).	•			Bate	
OFFICERS	AND DIREC	TORS:		ADDITION	S/CHANGES	TO OFFICERS AND DIRECTOR	S
Title: Name: Address: City-St-Zip:	CFO ( FALB, JOHN 14303 GATEW POWAY, CA S	) Delete /AY PL /2064		Title: Name: Address: City-St-Zip:	CFOD (X FALB, JOHN 14303 GATEW POWAY, CA 9	() Change ( ) Addition /AY PLACE 92064	Ο.
Title: Name: Address: City-St-Zip:	PSCD ( KATZ, CARY 14303 GATEW POWAY, CA 9			Title: Name: Address: City-St-Zip:	CEOS (X KATZ, CARY 14303 GATEW POWAY, CA S		
Title: Name: Address: City-St-Zip:	EVD ( SNYDER, STE 14303 GATEW POWAY, CA 9	/AY PL		Title: Name: Address: City-St-Zip:	PVPD (X SNYDER, STE 14303 GATEW POWAY, CA 9	/AY PLACE	
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	D ( KATZ, CARY 14303 GATEW POWAY, CA 9		
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	C ( WOZNIAK, PAI 14303 GATEW POWAY, CA S	/AY PLACE	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN FALB CFO 04/08/2009