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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Great Lakes Educational Loan Services, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Gary Van Ryzin
(Name of Person)
Great Lakes Educational Loan Services, Inc
(Firm/Company)
2401 International Lane
(Address)
Madison, WI 53704
(City/State and Zip code)

For further information concerning this matter, please call:

Gary Van Ryzin at (608) 246-1720
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

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IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Great Lakes Educational Loan Services, Inc. 02 APR 1996 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. WISCONSIN 3. 39-1864035
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/10/96 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 2401 International Lane, Madison WI 53704
(Principal office address)

2401 International Lane, Madison WI 53704
(Current mailing address)

8. Servicing of post-secondary student loans
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

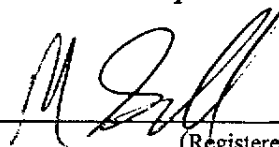
Name: Business Filings Incorporated

Office Address: 1000 West Ave. Ste 1114

Miami Beach, Florida 33139
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attachment

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Paul Thornburgh

Address: 2401 International Lane, Madison, WI 53704

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Paul J Thornburgh
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Paul J Thornburgh, President & CEO
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GREAT LAKES EDUCATIONAL LOAN SERVICES, INC.

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Board of Directors

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Chairman: Richard D. George
Great Lakes Higher Education Corporation
2401 International Lane
Madison, WI 53704
608/246-1408
608/246-1481 (fax)
(Term expires: 12/03)

Secretary: James Krause
512 Janalyn Circle
Golden Valley, MN 55416
763/377-0747
763/377-4526 (fax)
(Term expires: 12/04)

Treasurer: Paul J. Thornburgh
Great Lakes Higher Education Corporation
2401 International Lane
Madison, WI 53704
608/246-1403
608/246-1481 (fax)
(Term expires: 12/03)

Janice Hesalroad
16603 West 56th Drive
Golden, CO 80403
303/271-3606
303/271-3983 (fax)
(Term expires: 12/04)

Ronald Lingren
11124 Turnbridge Drive
Jacksonville, FL 32256
904/645-6423
(Term expires: 12/03)

Linda Hoeschler
American Composers Forum
332 Minnesota Street, Suite E-145
St. Paul, MN 55101
651/228-1407
651/291-7978 (fax)
(Term expires: 12/04)

Robert Seibert
38878 South Landing
Crosslake, MN 56442
218/692-1486
218/692-1514 (fax)
(Term expires: 12/03)

Officers:

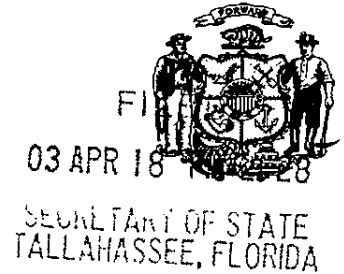
Bruce Rashke, Assistant Secretary
(see privacy envelope 01-01-02 proposed GLELSI officers)

DOM
180 181 185

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

GREAT LAKES EDUCATIONAL LOAN SERVICES, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is October 10, 1996.

I further certify that said corporation has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on April 17, 2003.

A handwritten signature in black ink, appearing to read "Ray Allen", written over a horizontal line.

RAY ALLEN, Deputy Administrator
Division of Corporate & Consumer Services
Department of Financial Institutions

BY: A handwritten signature in black ink, appearing to read "Cathy Mickelson", written over a horizontal line.