

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F04000003937 1. Entity Name EDUCATION LOAN SERVICING CORPORATION						FILED 05 JUL 12 AM 11:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 12680 HIGH BLUFF DR SUITE 310 SAN DIEGO, CA 92130				Mailing Address 12680 HIGH BLUFF DR SUITE 310 SAN DIEGO, CA 92130			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 72-1573871				Applied For <input type="checkbox"/> Not Applicable			
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 <div style="text-align: right;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
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 NAME STREET ADDRESS CITY-ST-ZIP	C SHAUT, MICHAEL H 12760 HIGH BLUFF DR STE 210 SAN DIEGO, CA 92130 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 12680 High Bluff Dr Ste 310		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARMON, DAVID 12760 HIGH BLUFF DR SUITE 210 SAN DIEGO, CA 92130 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 12680 High Bluff Dr Ste 310		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS FEIST, DOUGLAS L 12760 HIGH BLUFF DR SUITE 210 SAN DIEGO, CA 92130 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 12680 High Bluff Dr Ste 310		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARK, JAMES G 12760 HIGH BLUFF DR SUITE 210 SAN DIEGO, CA 92130 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TDIR OLDEN, JEFFREY A. 12680 High Bluff Dr Ste 310 SAN DIEGO, CA 92130		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800057719958 07/20/05--01055--021 **\$1.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				06/13/05		858.617.6080	
				<small>Date</small>		<small>Daytime Phone #</small>	