


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F04000003937	
1. Entity Name EDUCATION LOAN SERVICING CORPORATION	

Principal Place of Business 12680 HIGH BLUFF DR SUITE 310 SAN DIEGO, CA 92130	Mailing Address 1 CIT DRIVE LIVINGSTON, NJ 07039
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DO NOT WRITE IN THIS SPACE

FILED
07 MAY 23 PM 1:44
STATE
TALLAHASSEE, FLORIDA



05042007 No Chg-P CR2E034 (11/05)

4. FEI Number 72-1573871	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HARMON, DAVID 1500 W 3RD STREET STE. 125 CLEVELAND, OH 44113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEVP FEIST, DOUGLAS L 12680 HIGH BLUFF DR SUITE 310 SAN DIEGO, CA 92130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VOTEK, GLENN 1 CIT DRIVE LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SEUFERT, LINDA 1 CIT DRIVE LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR EXEC. V.P. & ASST. SECY. ROBERT J. INGATO 1 CIT DRIVE LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/05/07--01015--009 **4650.00

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:  LINDA SEUFERT	5/4/2007 973 740-5796
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>