## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000006223

Name:

Address:

City-St-Zip:

( ) Delete

MATTEUCCI, RAYMOND J

MARLTON, NJ 08053

3000 E. LINCOLN DR., STE. F

FILED Jan 28, 2005 Secretary of State

Entity Na	me: SALLIE	MAE HOME LO	DANS, INC.				
Current Principal Place of Business:				New Prince	ipal Pla	ace of Business:	
42400 NIN NOVI, MI	E MILE ROA 48375	D					
Current Mailing Address:				New Mailing Address:			
42400 NIN NOVI, MI	E MILE ROA 48375	D					
FEI Number: 38-3040067 FEI Num			Applied For()	FEI Number Not App	icable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:		
1200 SOU PLANTATI The above	PORATION S TH PINE ISL ION, FL 3332 named entity of Florida.	AND ROAD 24 US	tatement for the p	ourpose of changing i	ts regist	ered office or registered agent, or both,	
SIGNATU	RE:						
Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution ( ).				ent		Date	
	S AND DIRE		ontribution ( ).	ADDITION	ISICHAI	NGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		) Delete RIAN R MILE ROAD		Title: Name: Address: City-St-Zip:	IO/OI IAI	() Change () Addition	
Title: Name: Address: City-St-Zip:	S ( MURPHY, KR 42400 NINE I NOVI, MI 483	MILE ROAD		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	D (	) Delete		Title:	D	(X) Change ( ) Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: KRIS P MURPHY S 01/28/2005

(X) Change ( ) Addition

BRIZARD, BRIAN R 42400 NINE MILE ROAD

NOVI, MI 48375