2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006
Secretary of State

DOCUMENT# F04000006223

Entity Name: SALLIE MAE HOME LOANS, INC.

Current Principal Place of Business:

42400 NINE MILE ROAD
NOVI, MI 48375

New Principal Place of Business:

28175 CABOT DRIVE
SUITE 100
NOVI, MI 48377

Current Mailing Address:

42400 NINE MILE ROAD
NOVI, MI 48375

New Mailing Address:

28175 CABOT DRIVE
SUITE 100
NOVI, MI 48377

FEI Number: 38-3040067 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: BRIZARD, BRIAN R
Address: 42400 NINE MILE ROAD
City-St-Zip: NOVI, MI 48375

Title: S (X) Delete
Name: MURPHY, KRIS P
Address: 42400 NINE MILE ROAD
City-St-Zip: NOVI, MI 48375

Title: D ( ) Delete
Name: BRIZARD, BRIAN R
Address: 42400 NINE MILE ROAD
City-St-Zip: NOVI, MI 48375

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: BRIZARD, BRIAN R
Address: 28175 CABOT DR. SUITE 100
City-St-Zip: NOVI, MI 48377

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DIRE (X) Change ( ) Addition
Name: BRIZARD, BRIAN R
Address: 42400 NINE MILE ROAD
City-St-Zip: NOVI, MI 48375

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIAN BRIZARD PRES 03/06/2006

Electronic Signature of Signing Officer or Director Date