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COVER LETTER

•	stration Section sion of Corporations			
SUBJECT:	Ascendium Education Solutions Inc.			
SOBJECT:	Name of Corporation	on - must inc	lude suffix	
Dear Sir or N	Aadam:			
Affairs in Flo	l "Application by Foreign Not for Profi orida", "Certificate of Existence", or "C bove referenced not for profit corporat	Certificate of :	Status" and ched	ck are submitted to
Please return	all correspondence concerning this ma	atter to the fol	llowing:	
	Patricia Kingston			
	Name o	of Person		·
	Ascendium Education Group, Inc.			
	Firm/C	Company		
	2501 International Lane			
	Ad	dress		
	Madison, W1 53704			
	City/State a	and Zip Code		
	Corptax@GLHEC.org			
	E-mail address: (to be used for	future annual	report notificat	ion)
For further i	nformation concerning this matter, plea	ase call:		
Patricia Kin	gston	608	733-2559	
	Name of Person at	Area Code	Daytime Tele	phone Number
Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Registration So Division of Co Clifton Buildir	rporations ng e Center Circle
Enclosed is	a check for the following amount:			
□ \$70.00 F	Filing Fee \$\ \$78.75 \text{ Filing Fee & Certificate of Status}		Filing Fee & ed Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	INDSTALL OF TECHEN.	
import in language as will clearly indicate that it is a corporation instead of a natural person of partnership it not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofic corporation.) Ascendium Education Group, Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Wisconsin (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (Date first conducted affairs in Florida if prior to registration. See sections 617.1507 & 617.1502, F.S. to determine penalty liability.) (Principal office address) (Current mailing address, if different) Ascendium is a nonprofit, student loan guarantor. We provide services that drive college completion and lifetang success. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name: Push States Timps Timp		
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Wisconsin (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable) 5. (Date of duration, if other than perpetual) 6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.) 7. 2501 International Lane Madison, WI 53704 (Principal office address) (Current mailing address, if different) 8. Ascendium is a nonprofit, student loan guarantor. We provide services that drive college completion and lifelang success. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: PUSINGS Filings Invarianted Office Address: 200 South Rec Island Road (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.	(Name of corporation: must include the word "INCORPORATED" or "CC import in language as will clearly indicate that it is a corporation instead of in the name at present. "Company" or "Co." may not be used as a corporate	RPORATION" or words or abbreviations of like a natural person or partnership if not so contained a suffix by a nonprofit corporation.)
2. Wisconsin (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of Incorporation) (Date of Incorporation) (Date of Incorporation) (Date of Incorporation) (Date irist conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.) 7. 2501 International Lane Madison, WI 53704 (Principal office address) (Current mailing address, if different) 8. Ascendium is a nonprofit, student loan guarantor. We provide services that drive college completion and lifelong success. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: PUSINGS FINAS FINAS INCORPORATE Office Address: PUSINGS FINAS FINAS FINAS FINAS FINAS FINAS FIORIDA ROLL (City) 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		
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designated in this application, I hereby accept the appointment as registered agent and agree to det it this expensions of all statutes relative to the proper and complete performance of my	The second of the second to account complete of the	ocess for the above stated corporation at the place
duties, and I am familiar with and accept the obligations of my position as registered agent.	designated in this application, I hereby accept the appointment as	to the proper and complete performance of my
	duties, and I am familiar with and accept the obligations of my po	sition as registered agent.

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.

Misn Bern

Ast. Sec. Business Filings Incorporated (Registered agent's signature)

12. Names and addresses of officers and/or directors

A. DIRECTORS

	Chairma	Richard George				
	Address:	2501 International Lane				
		Madison, WI 53704				
	Vice Cha	Emerson Brumback				
	Address:	13635 Carnoustie Cir.				
		Dade City, FL 33525				
	Director	David Hanson				
	Address:	One S. Pinckney St.	 			
		Madison, WI 53701				
	Director	Mary Burke				
	Address	1702 Fisher St				
	71001000	Madison, WI 53703				
	B. OF	FICERS		2		
	Presiden	Richard George	_ <u>≥</u> SE	<u>.</u>		
	Address	2501 International Lane	AH RET	A		ΑP
		Madison, WI 53704	SSE Yay	=	—— ———————————————————————————————————	280 40
С	00 Vice Pro	Jeff Crosby	<u> </u>	꽃	 	YED
	Address	2501 International lane		<u>+: 2</u>		
		Madison, WI 53704				
ısst	Secretar	Rebecca Rapp				
	Address	2501 International Lane Madison, WI 53704				
c FO	Treasur	Hone Marry		<u>-</u> -	. 	
	Address	2501 International lane Madison, WI 53704				
	NOTE	: If necessary, you may attach an addendum to the application listing additional officers			; .	
	13.	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the approximately the second s	plication)		—	
	14.	Refer (a Rapp (Typed or printed name and capacity of person signing application)				
	• • -	(Typed or printed name and capacity of person signing application)				

DOM 180 181 183

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

ASCENDIUM EDUCATION SOLUTIONS, INC.

is a domestic corporation or limited liability company organized under the laws of this state and that its date of incorporation or organization is May 30, 1996.

I further certify that the Articles of Incorporation, filed May 30, 1996, under the name GREAT LAKES HIGHER EDUCATION GUARANTY CORPORATION; and, Restated Articles of Incorporation, filed October 15, 2018, changing the name to the present name of ASCENDIUM EDUCATION SOLUTIONS, INC. are the only charter documents filed with this department for said corporation.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120, 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 December 4, 2018.

MARY ANN McCOSHEN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

BY: