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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

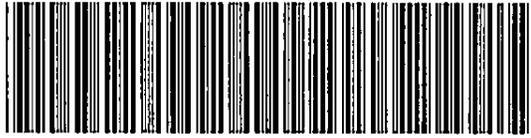
(Business Entity Name)

(Document Number)

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2023 JAN -5 AM 9:28

S. ROBERTS

JAN 25 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Educational Credit Management Corporation

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Lisa Matheny

Name of Person

Educational Credit Management Corporation

Firm/Company

111 Washington Ave. S.

Ste. 1400

Address

Minneapolis, MN 55401

City/State and Zip Code

lthigpen@ecmc.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Matheny

Name of Person

at (651) 325-3482
Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified 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:

1. Educational Credit Management Corporation
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Minnesota 3. 41-1778617
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 4, 1994 5.
(Date of incorporation) (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. 111 Washington Ave. S., Ste 1400, Minneapolis, MN 55401
(Principal office street address)

(Current mailing address, if different)

Serves as a nonprofit federal student loan guarantor that provides financial counseling and education to

8. empower students to make better choices about their futures.
(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: Cogency Global Inc.

Office Address: 115 N. Calhoun St., Ste. 4

Tallahassee, Florida 32301
(City) (Zip Code)

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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 further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Handwritten signature: Kim Roberts in behalf of Cogency Global Inc.
(Registered agent's signature)

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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: James V. McKeon
 Vice Chairman Address: 111 Washington Ave. S.
 Director Ste. 1400
 President Minneapolis, MN 55401
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

Chairman Name: Chad Tate
 Vice Chairman Address: 111 Washington Ave. S.
 Director Ste. 1400
 President Minneapolis, MN 55401
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

Chairman Name: Therese Bickler
 Vice Chairman Address: 111 Washington Ave. S.
 Director Ste. 1400
 President Minneapolis, MN 55401
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

Chairman Name: Paula Crow
 Vice Chairman Address: 111 Washington Ave. S.
 Director Ste. 1400
 President Minneapolis, MN 55401
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

Chairman Name: Brian Boardman
 Vice Chairman Address: 111 Washington Ave. S.
 Director Ste. 1400
 President Minneapolis, MN 55401
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

Chairman Name: Martin Scanlon
 Vice Chairman Address: 111 Washington Ave. S.
 Director Ste. 1400
 President Minneapolis, MN 55401
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Brian Boardman, Corporate Secretary
(Typed or printed name and capacity of person signing application)

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: EDUCATIONAL CREDIT
MANAGEMENT CORPORATION

Date Filed: 03/04/1994

File Number: 1K-330

Minnesota Statutes, Chapter: 317A

Home Jurisdiction: Minnesota

This certificate has been issued on: 11/16/2022



Steve Simon

Steve Simon
Secretary of State
State of Minnesota