

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthorn  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000002334 (0)

1. Corporation Name

EDUCATION FINANCE CENTER, INC.

Principal Place of Business

2100 WEST LEMON STREET  
TAMPA FL 33609  
US

Mailing Address

1050 THOMAS JEFFERSON ST., NW  
WASHINGTON DC 20007  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 *AH: Lucy Weymouth*  
City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified

05/05/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3238373

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed for printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME ☐ DELETE

PD MCCORMACK, JUNE M  
1050 THOMAS JEFFERSON ST., NW  
WASHINGTON DC 20007

1.1 TITLE ☐ Change ☐ Addition

TITLE NAME ☐ DELETE

S CZULOWSKI, ANN MARIE P  
1050 THOMAS JEFFERSON ST., NW  
WASHINGTON DC 20007

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE NAME ☐ DELETE

AS INGRAM, WILLIAM  
1050 THOMAS JEFFERSON ST., NW  
WASHINGTON DC 20007

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE NAME ☐ DELETE

D MARSHALL, LYDIA M  
1050 THOMAS JEFFERSON ST., NW  
WASHINGTON DC 20007

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE NAME ☐ DELETE

D REPP, SHELDON D  
1050 THOMAS JEFFERSON ST., NW  
WASHINGTON DC 20007

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE NAME ☐ DELETE

D REPP, SHELDON D  
1050 THOMAS JEFFERSON ST., NW  
WASHINGTON DC 20007

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE NAME ☐ DELETE

D REPP, SHELDON D  
1050 THOMAS JEFFERSON ST., NW  
WASHINGTON DC 20007

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)