FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F95000001334 (0)**

1. Corporation Name

EDUCATION SECURITIES, INC.

Principal Place of Business
1050 THOMAS JEFFERSON ST., N.W.
WASHINGTON DC 20007

Mailing Address
1050 THOMAS JEFFERSON ST., N.W.
WASHINGTON DC 20007

3. Date Incorporated or Qualified: 03/21/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1055 Thomas Jefferson St., NW
Suite, Apt. #, etc.
22
City & State
23 Washington, D.C.
Zip 24 20007
Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29
Country 30

4. FEI Number: 52-1906938 — 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

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

10. Name and Address of New Registered Agent

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 or printed name of registered agent and the date adopted — (NOTE: Registered Agent signature required whether single or multiple) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KINSELLA, JAMES T	1.2 NAME	
STREET ADDRESS	1050 THOMAS JEFFERSON STREET, NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20007	1.4 CITY-ST-ZIP	
TITLE	CFOV ☒ DELETE	2.1 TITLE	CFOV ☒ Change ☐ Addition
NAME	OVEREND, MARK G	2.2 NAME	Laurie B. Potter
STREET ADDRESS	1050 THOMAS JEFFERSON STREET, NW	2.3 STREET ADDRESS	1050 Thomas Jefferson Street, N.W.
CITY-ST-ZIP	WASHINGTON DC 20007	2.4 CITY-ST-ZIP	Washington, D.C. 20007
TITLE	VGCS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GINIVAN, WILLIAM J	3.2 NAME	
STREET ADDRESS	1050 THOMAS JEFFERSON STREET, NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20007	3.4 CITY-ST-ZIP	200001773422
TITLE	V ☐ DELETE	4.1 TITLE	-04/09/96--01051--001 ☐ Change ☐ Addition
NAME	GIBB, JOHN W	4.2 NAME	***200.00
STREET ADDRESS	1050 THOMAS JEFFERSON STREET, NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20007	4.4 CITY-ST-ZIP	
TITLE	V ☒ DELETE	5.1 TITLE	V ☒ Change ☐ Addition
NAME	SLOAN, NANCY W	5.2 NAME	Richard H. Sloan
STREET ADDRESS	1050 THOMAS JEFFERSON STREET, NW	5.3 STREET ADDRESS	1050 Thomas Jefferson Street, N.W.
CITY-ST-ZIP	WASHINGTON DC 20007	5.4 CITY-ST-ZIP	Washington, D.C. 20007
TITLE	C ☐ DELETE	6.1 TITLE	D ☐ Change ☒ Addition
NAME	MCGLONE, DENISE B	6.2 NAME	Marianne M. Keler
STREET ADDRESS	1050 THOMAS JEFFERSON STREET, NW	6.3 STREET ADDRESS	1050 Thomas Jefferson Street, N.W.
CITY-ST-ZIP	WASHINGTON DC 20007	6.4 CITY-ST-ZIP	Washington, D.C. 20007

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: William J. Ginivan — 4/3/96 — (202)298-3157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)