

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90109 012 \*\*\*150.00

**PROFIT**  
**CORPORATION**  
**ANNUAL REPORT**  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F95000001334**

1. Corporation Name  
**EDUCATION SECURITIES, INC.**



Principal Place of Business

11600 SALLIE MAE DR  
RESTON VA 20193  
US

Mailing Address

11600 SALLIE MAE DR  
RESTON VA 20193  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1995

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE M ☒ DELETE  
NAME BOTTEGAL, DAVID  
STREET ADDRESS 11600 SALLIE MAE DR  
CITY-ST-ZIP RESTON VA 20193

TITLE CFO ☐ DELETE  
NAME JACKSON, GEROGEANN P  
STREET ADDRESS 11600 SALLIE MAE DR  
CITY-ST-ZIP RESTON VA 20193

TITLE S ☒ DELETE  
NAME MAMALIAN, PAUL  
STREET ADDRESS 11600 SALLIE MAE DR  
CITY-ST-ZIP RESTON VA 20193

TITLE D ☐ DELETE  
NAME FRANKE, FRANKE J  
STREET ADDRESS 11600 SALLIE MAE DR  
CITY-ST-ZIP RESTON VA 20193

TITLE C ☐ DELETE  
NAME CAREY, PAUL J  
STREET ADDRESS 11600 SALLIE MAE DR  
CITY-ST-ZIP RESTON VA 20193

TITLE D ☐ DELETE  
NAME OVEREND, MARK G  
STREET ADDRESS 11600 SALLIE MAE DR  
CITY-ST-ZIP RESTON VA 20193

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE M ☐ Change ☒ Addition  
1.2 NAME Robin E. Jenkins  
1.3 STREET ADDRESS 11600 Sallie Mae Drive  
1.4 CITY-ST-ZIP Reston, VA 20193

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE S ☐ Change ☒ Addition  
3.2 NAME Linda L. Larsen  
3.3 STREET ADDRESS 11600 Sallie Mae Drive  
3.4 CITY-ST-ZIP Reston, VA 20193

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME (See attached for  
6.3 STREET ADDRESS additional Officers and Directors)  
6.4 CITY-ST-ZIP (See attached for

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*Robin E. Jenkins*  
Robin E. Jenkins

1/14/1999 (703) 810-7293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

24/635-90109-12  
F95000001334  
Robin  
Name  
Officer  
Educa

**Georgeann P. Jackson**

**Ruby L. Webb**

**J. Paul Carey**

**David A. Bottegal**

**Joseph L. Franke**

## Manager

**Chief Financial Officer**

**Secretary**

**Assistant Secretary**

**General Counsel**

**Chairman of Board**

**Director**

Director

**Director**

**Director**

**Business Address**

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