

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003118

FILED
Apr 28, 2009
Secretary of State

Entity Name: WACHOVIA EDUCATION FINANCE INC.

Current Principal Place of Business:

C/O CSC
2711 CENTERVILLE RD
WILMINGTON, DE 19808

New Principal Place of Business:

Current Mailing Address:

% CSC
2711 CENTERVILLE RD, SUITE 400
WILMINGTON, DE 19808 US

New Mailing Address:

FEI Number: 22-3400682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: MC GEE, ROBERT J
Address: 401 S. TRYON STREET
City-St-Zip: CHARLOTTE, NC 28202

Title: DIR () Delete
Name: SPARKS, TED
Address: 11000 WHITE ROCK ROAD
City-St-Zip: RANCHO CORDOVA, CA 95670

Title: VP () Delete
Name: MITCHELL, APRILLE M
Address: 301 S COLLEGE STREET, NCO630
City-St-Zip: CHARLOTTE, NC 28288

Title: SEC () Delete
Name: LEVANDOWSKI, TOM P
Address: 11000 WHITE ROCK ROAD
City-St-Zip: RANCHO CORDOVA, CA 95670

Title: CFO () Delete
Name: RAMIREZ, RICARDO
Address: 11000 WHITE ROCK ROAD
City-St-Zip: RANCHO CORDOVA, CA 95670

Title: PRES (X) Delete
Name: SPARKS, TED
Address: 11000 WHITE ROCK ROAD
City-St-Zip: RANCHO CORDOVA, CA 95670

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: DEVITO, MICHAEL J
Address: 670 MCKNIGHT ROAD NORTH
City-St-Zip: ST. PAUL, MN 55119

Title: DIRP (X) Change () Addition
Name: SPARKS, TED
Address: 11000 WHITE ROCK ROAD
City-St-Zip: RANCHO CORDOVA, CA 95670

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: APRILLE M. MITCHELL

VP

04/28/2009

Electronic Signature of Signing Officer or Director

Date