

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F98000006480**

1. Corporation Name

THE STUDENT LOAN CORPORATION

Principal Place of Business

Mailing Address

~~60 GARNSEY RD.~~
~~PITTSFORD NY 14534~~

~~60 GARNSEY RD.~~
~~PITTSFORD NY 14534~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

750 WASHINGTON BLVD

Suite, Apt. #, etc.

9th Fl

City & State
STAMFORD, CT

Zip
06901

Country

3. New Mailing Office Address, If Applicable

99 GARNSEY RD

Suite, Apt. #, etc.

Attn. CORPORATE REPORTING

City & State
PITTSFORD, NY

Zip
14534

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1998

SP

5. FEI Number

16-1427135

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
C	LEVINSON, CARL	29 WELLESLEY DR.	NEW CANAAN CT 06840
D	BECKMANN, BILL	72 HIGHLAND CIRCLE	BRONXVILLE NY 10708
D	GALLANT, PETER	350 E. 79TH ST., APT. 29B	NEW YORK NY 10021
D	HANDLER, EVELYN DR.	84 TATER ST.	MONT VERNON NH 03057
D	WILLIAMSON, LAURA	333 EAST 69TH ST., APT. 9H	NEW YORK NY 10021
D	GLOVER, GLENDA B	330 FOUR SEASONS DR., A24	JACKSON MS 39206

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

500003065335--1

Suite, Apt. #, Etc.

-12/09/99--01053--010

City

750.00

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Vicky Goldstein

**VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY**

REGISTERED AGENT MUST SIGN

Date

11-22-99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Rae Bel **11/20/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

203-975-6110

CR20040 (04/98)