

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90095 039 \*\*\*150.00

**DOCUMENT # F98000006480**  
 1. Entity Name  
**THE STUDENT LOAN CORPORATION**

Principal Place of Business <b>750 WASHINGTON BLVD., 9TH FL STAMFORD CT 06901</b>	Mailing Address <b>99 GARNSEY RD ATTN: CORPORATE REPORTING PITTSFORD NY 14564</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip <b>14534</b>	Country

4. FEI Number <b>16-1427135</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees  
*(See attached list of Officers)*

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>LEVINSON, CARL</b> <b>29 WELLESLEY DR.</b> <b>NEW CANAAN CT 06840</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BECKMANN, BILL</b> <b>72 HIGHLAND CIRCLE</b> <b>BRONXVILLE NY 10708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GALLANT, PETER</b> <b>350 E. 79TH ST., APT. 29B</b> <b>NEW YORK NY 10021</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HANDLER, EVELYN DR.</b> <b>84 TATER ST.</b> <b>MONT VERNON NH 03057</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMSON, LAURA</b> <b>333 EAST 69TH ST., APT. 9H</b> <b>NEW YORK NY 10021</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GLOVER, GLENDA B</b> <b>330 FOUR SEASONS DR., A24</b> <b>JACKSON MS 39206</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **4/26/00** DAYTIME PHONE #: **203 975 6104**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

798000006480  
00090114

**The Student Loan Corporation**

**Officers List**

<u>Name</u>	<u>Title</u>	<u>Office</u>
Yiannis Zographakis	Vice President/CFO	750 Washington Blvd, 9 <sup>th</sup> Fl Stamford CT 06901
Bill Beckmann	President/CEO	750 Washington Blvd, 9 <sup>th</sup> Fl Stamford CT 06901
Sue Roberts	Senior Vice President	750 Washington Blvd, 9 <sup>th</sup> Fl Stamford CT 06901
Sallyann Colonna	Vice President	750 Washington Blvd, 9 <sup>th</sup> Fl Stamford, CT 06901
John R Coffin	Vice President & Assistant Secretary	750 Washington Blvd, 9 <sup>th</sup> Fl Stamford, CT 06901
Phil Cotenec	Vice President & Director of Credit	750 Washington Blvd, 9 <sup>th</sup> Fl Stamford CT 06901