


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90312 014 \*\*\*150.00

<b>DOCUMENT # F98000006480</b>	
1. Entity Name <b>THE STUDENT LOAN CORPORATION</b>	

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 14534</b>
---	---

**54046094**



2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04202004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <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. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PLEASE SEE ATTACHED LISTING</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BECKMANN, BILL</b> <b>72 HIGHLAND CIRCLE</b> <b>BRONXVILLE, NY 10708</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>GOREY, STEVEN</b> <b>750 WASHINGTON BLVD. - NINTH FLOOR</b> <b>STAMFORD, CT 06901</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 be 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 218, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MANNIS ZOGHAPAKIS**  
**Chief Executive Officer**  
**Student Loan Corporation**  
**99 Garnsey Rd.**  
**(585) 248-7824**  
**P5280045/0000494854** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

The Student Loan Corporation

Attachment

# 59646094  
79800000480

**Officers**

Name	Title	Office Address
Yiannis Zographakis	Chief Executive Officer	750 Washington Blvd., 9th Fl. Stamford, CT 06901
Sue Roberts	President	750 Washington Blvd., 9th Fl. Stamford, CT 06901
Catherine Birch	Vice President - General Counsel & Secretary	750 Washington Blvd., 9th Fl. Stamford, CT 06901
Daniel P. McHugh	Chief Financial Officer	750 Washington Blvd., 9th Fl. Stamford, CT 06901

**Directors**

Name	Title	Office Address
Bill Beckmann	Chairman	1000 Technology Drive, P901 O'Fallon, MO 63304
Yiannis Zographakis	Chief Executive Officer	750 Washington Blvd., 9th Fl. Stamford, CT 06901
Carl E. Levinson		750 Washington Blvd., 9th Fl. Stamford, CT 06901
Dr. Evelyn Handler		10 Sterling Place Bow, NH 03304-5216
Dr. Glenda B. Glover		Jackson State University School of Business 1400 Lynch Street Jackson, MS 39217
Gina Doynow		Citicorp One Court Square Long Island City, NY 11120
David W. Young		153 East 53rd St., 6th Fl. New York, NY 10043
Jill H. Fadule		19 Bancroft Road Wellesley, MA 02481