
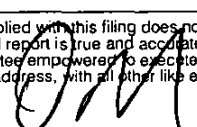


**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90245 030 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<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>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04132005 Chg-P CR2E034 (10/03)	
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		7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>D LEVINSON, CARL 750 WASHINGTON BLVD 9TH FL STAMFORD, CT 06901</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>C BECKMANN, BILL 1000 TECHNOLOGY DRIVE P901 O'FALLO, MO 63304</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 HANDLER, EVELYN DR. 10 STERLINGPLACE BOW, NH 033045216</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 GLOVER, GLENDA B JSU SCH OF BUS 1400 LYNCH ST JACKSON, MS 39217</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>CEOD ZOGRAPHAKIS, YIANNIS 750 WASHINGTON BLVD. - NINTH FLOOR STAMFORD, CT 06901</b> <input checked="" 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>P ROBERTS, SUE 750 WASHINGTON BLVD 9TH FL STAMFORD, CT 06901</b> <input checked="" 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 in 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date <b>4/28/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>DANIEL McHUGH CFO</b>		Daytime Phone #	

# ATTACHMENT

The Student Loan Corporation

14009071

# F98000006480

## Officers

Name	Title	Office Address
Michael Reardon	Chief Executive Officer	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
Mark Gilder	Chief Operating Officer	750 Washington Blvd., 9th Fl. Stamford, CT 06901

## Directors

Name	Title	Office Address
Carl E. Levinson	Chairman	750 Washington Blvd., 9th Fl. Stamford, CT 06901
Bill Beckmann		1000 Technology Drive, P901 O'Fallon, MO 63304
Michael Reardon		750 Washington Blvd. 9th floor Stamford, CT 06901
Dr. Evelyn Handler		10 Sterling Place Bow, NH 03304-5216
Dr. Glenda B. Glover		Jackson State University School of Business P.O. Box 81660 Jackson, MS 39217
Gina Doynow		Citicorp One Court Square Long Island City, NY 11120
Redman L. Drake		CIP Management Inc. 660 Madison Avenue, 15th Floor New York, NY 10021