


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90040 022 ***150.00

DOCUMENT # F98000006480 1. Entity Name THE STUDENT LOAN CORPORATION					
Principal Place of Business 750 WASHINGTON BLVD., 9TH FL STAMFORD, CT 06901			Mailing Address 99 GARNSEY RD ATTN: CORPORATE REPORTING PITTSFORD, NY 14534		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address PO Box 30509 Suite, Apt. #, etc.			
City & State Zip Country		City & State Tampa, FL Zip Country 336031 USA		4. FEI Number 16-1427135	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 FL 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	D LEVINSON, CARL 750 WASHINGTON BLVD 9TH FL STAMFORD, CT 06901	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BECKMANN, BILL 1000 TECHNOLOGY DRIVE P901 O'FALLON, MO 63304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANDLER, EVELYN DR. 10 STERLINGPLACE BOW, NH 033045216	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLOVER, GLENDA B JSU SCH OF BUS 1400 LYNCH ST JACKSON, MS 39217	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C REARDON, MICHAEL CEO 750 WASHINGTON BLVD. - NINTH FLOOR STAMFORD, CT 06901	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O MCHUGH, DANIEL P CFO 750 WASHINGTON BLVD. - NINTH FLOOR STAMFORD, CT 06901	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Christine Homer 750 Washington Blvd. 9th Floor Stamford, CT 06901				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4/21/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					