

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006480

FILED
Apr 08, 2009
Secretary of State

Entity Name: THE STUDENT LOAN CORPORATION

Current Principal Place of Business:

750 WASHINGTON BLVD., 9TH FL
STAMFORD, CT 06901

New Principal Place of Business:

750 WASHINGTON BLVD.
STAMFORD, CT 06901

Current Mailing Address:

P.O. BOX 30509
TAMPA, FL 33631

New Mailing Address:

P.O. BOX 30509
TAX & REPORTING
TAMPA, FL 33631 US

FEI Number: 16-1427135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEVINSON, CARL
Address: 750 WASHINGTON BLVD 9TH FL
City-St-Zip: STAMFORD, CT 06901

Title: D () Delete
Name: BECKMANN, BILL
Address: 1000 TECHNOLOGY DRIVE P901
City-St-Zip: O'FALLON, MO 63304

Title: D () Delete
Name: HANDLER, EVELYN DR.
Address: 10 STERLINGPLACE
City-St-Zip: BOW, NH 033045216

Title: D () Delete
Name: GLOVER, GLENDA B
Address: JSU SCH OF BUS 1400 LYNCH ST
City-St-Zip: JACKSON, MS 39217

Title: C (X) Delete
Name: REARDON, MICHAEL CEO
Address: 750 WASHINGTON BLVD. - NINTH FLOOR
City-St-Zip: STAMFORD, CT 06901

Title: S (X) Delete
Name: HOMER, CHRISTINE
Address: 750 WASHINGTON BLVD 9TH FLOOR
City-St-Zip: STAMFORD, CT 06901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: REARDON, MICHAEL J
Address: 750 WASHINGTON BLVD
City-St-Zip: STAMFORD, CT 06901

Title: CFO (X) Change () Addition
Name: PARNELL, SCOT H
Address: 750 WASHINGTON BLVD
City-St-Zip: STAMFORD, CT 06901

Title: S (X) Change () Addition
Name: HOMER, CHRISTINE Y
Address: 750 WASHINGTON BLVD
City-St-Zip: STAMFORD, CT 06901

Title: VP (X) Change () Addition
Name: HOFFMAN, LISA
Address: 3800 CITIGROUP CENTER DRIVE
City-St-Zip: TAMPA, FL 33610

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA HOFFMAN

VP

04/08/2009

Electronic Signature of Signing Officer or Director

Date