

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90031 028 ****61.25

DOCUMENT # F99000000909					
1. Entity Name EDUCATIONAL CREDIT MANAGEMENT CORPORATION					
Principal Place of Business 101 EAST FIFTH STREET, SUITE 2400 ST. PAUL, MN 55101			Mailing Address 101 EAST FIFTH STREET, SUITE 2400 ST. PAUL, MN 55101		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 41-1778617	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE C NAME STEIN, ROBERT A STREET ADDRESS 750 N. LAKE SHORE DRIVE CITY-ST-ZIP CHICAGO, IL 60611	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See attached list	
TITLE D NAME COOK, GARY M STREET ADDRESS 170 MARION STREET CITY-ST-ZIP DENVER, CO 80218	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DEPODESTA, JOHN E STREET ADDRESS 1700 OLD MEADOW ROAD CITY-ST-ZIP MC LEAN, VA 22102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME JENNINGS, EDWARD H DR. STREET ADDRESS 110-L ENARSON HALL CITY-ST-ZIP COLUMBUS, OH 43210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME BOYLE, RICHARD STREET ADDRESS 98 MESA PRIETA ROAD P.O. BOX 119 CITY-ST-ZIP YOUNSVILLE, NM 87064	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME MCGOWAN, ROBERT STREET ADDRESS 1250 PRAIRE STREET CITY-ST-ZIP NORTHFIELD, MN 55057	<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 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 617, 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: <u>Kathleen M. King</u> Kathleen King, CFU 1/21/04 651-221-0566 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

44006173



01282004 Chg-NP CR2E037 (10/03)

attachment

#F99000000909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

44006173

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, JAMES 4706 FORT SUMNER DR. BETHESDA, MD 20816	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, FRANK 241 LIGHTHOUSE VIEW DRIVE STEVENSVILLE, MD 21666	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDON, KING I DR. 800 FLORIDA AVENUE NE WASHINGTON, DC 20002-3695	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMO ROBERTA COOPER 500 FOURTH ST. NW SUITE 1000 ALBUQUERQUE, NM 87103	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, KATHLEEN 719, 157TH AVENUE NW ANDOVER, MN 55304	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HINES, JANICE 10 PENINSULA ROAD DELLWOOD, MN 55110	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition