2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Sep 06, 2005 8:00 am Secretary of State

DOCUMENT # F9900000909 1. Entity Name EDUCATIONAL CREDIT MANAGEMENT CORPORATION						09-06-2005 \$	90138 022 ****	61.25	
Principal Place of Business 101 EAST FIFTH STREET, SUITE 2400 ST. PAUL, MN 55101 Mailing Address 101 EAST FIFTH STREET, S ST. PAUL, MN 55101			r, suite 2400			, 5	0065179		
Principal Place of Business		3. Mailing Address	ailing Address						
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.		05162005 CI	hg-NP (CR2E037 (10/03)		
City & State C		City & State	ity & State		4. FEI Number 41-177861		Ap	plied For	
Zip	Country	Zip	Country		5. Certificate of St		□ \$8.75 Add		
	6 Name and Address of Current F	Pagistared Agent			7 Name and Add	Irece of New Ren	Fee Require	J	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street A	Street Address (P.O. Box Number is Nat Acceptable)					
PLANTATION, FL 33324									
			City				FL Zip Code		
	named entity submits this statement for	the purpose of changing its re	egistered office o	r register	ed agent, or both, in	the State of Florid	a. I am familiar with,	and accept	
ine obligati	ons of registered agent.								
SIGNATURE .									
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signal	ture required	when reinstaling)		DATE		
Filing Fee is \$61.25 9. Election Campaign Financing					\$5.00 May Be	Mak	e check payable to	,	
Ð	ue by September 7, 2005		Trust Fund Contribution.		Added to Fees		Department of St		
10.	OFFICERS AND DIR								
TITLE	C	ECTORS	11.			ES TO OFFICERS	AND DIRECTORS IN	10	
NAME STREET ADDRESS		ECTORS Delete	TITLE	Pre:	sident		AND DIRECTORS IN Change	10 Addition	
	STEIN, ROBERT A		TITLE NAME	Pre:	sident ICE A HINE	<u> </u>			
CITY-ST-ZIP	750 N. LAKE SHORE DRIVE		TITLE	Pre: JAN 101 E	sident ICE A HINE F/F7HST	S STE 2400			
	*	☐ Delete	TITLE NAME STREET ADDRESS	Pres JAN 101 E ST F	sident ICE A HINE F/F7HST PAUL MN 5	S STE 2400 SS 101	☐ Change	⊠ Addition	
CITY-ST-ZIP	750 N. LAKE SHORE DRIVE CHICAGO, IL 60611		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres JAN 101 E ST F Secre	Sident ICE A HINE F/FTHST PAUL MN 5 HATY JEN A WEL	S STE 2400 SS 101 LVANG			
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CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME	750 N. LAKE SHORE DRIVE CHICAGO, IL 60611 D COOK, GARY M 170 MARION STREET DENVER, CO 80218 D DEPODESTA, JOHN E	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Pres	Sident ICE A HINE F/FTHST PAUL MN 5 HATY VEN A WEL F/FTHST PAUL MN S	S STE 2400 SS 101 LVANG STE 2400 SS 101	Change	Addition Addition	
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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: Z

Kuthler M. K. Kathk SIGNATURE AND TYPED OR PRINTED NAME OF SOMING OFFICER OR DIRECTOR

Kathleen M. King

8/29/2005

651-325-4084

Dayume Phone if

ATTACHMENT_50065729 F9900000000909

ADDITIONS TO OFFICERS AND DIRECORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP Director RAMO ROBERTA COOPER 500 FOURTH ST. NW SUITE 1000 ALBUQUERQUE, NM 87103 Change

X Addition