

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

09-06-2005 90138 022 ****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		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	05162005 Chg-NP CR2E037 (10/03)			
4. FEI Number 41-1778617				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by September 7, 2005		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		<input type="checkbox"/> Delete	TITLE President	NAME JANICE A HINES		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 750 N. LAKE SHORE DRIVE	CITY-ST-ZIP CHICAGO, IL 60611			STREET ADDRESS 101 E FIFTH ST STE 2400	CITY-ST-ZIP ST PAUL MN 55101		
TITLE D	NAME COOK, GARY M		<input type="checkbox"/> Delete	TITLE Secretary	NAME STEVEN A WELLVANG		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 170 MARION STREET	CITY-ST-ZIP DENVER, CO 80218			STREET ADDRESS 101 E FIFTH ST STE 2400	CITY-ST-ZIP ST PAUL MN 55101		
TITLE D	NAME DEPODESTA, JOHN E		<input type="checkbox"/> Delete	TITLE Treasurer	NAME KATHLEEN KING		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1700 OLD MEADOW ROAD	CITY-ST-ZIP MC LEAN, VA 22102			STREET ADDRESS 101 E FIFTH ST STE 2400	CITY-ST-ZIP ST PAUL MN 55101		
TITLE D	NAME JENNINGS, EDWARD H DR.		<input type="checkbox"/> Delete	TITLE Director	NAME JAMES MURRAY		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 110-L ENARSON HALL	CITY-ST-ZIP COLUMBUS, OH 43210			STREET ADDRESS 4706 FT SUMNER DR	CITY-ST-ZIP BETHESDA MD 20816		
TITLE PD	NAME BOYLE, RICHARD		<input checked="" type="checkbox"/> Delete	TITLE Director	NAME FRANK PETERSON		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 98 MESA PRIETA ROAD P.O. BOX 119	CITY-ST-ZIP YOUNSVILLE, NM 87064			STREET ADDRESS 241 Lighthouse View Dr	CITY-ST-ZIP Stevensville MD 21666		
TITLE V	NAME MCGOWAN, ROBERT		<input checked="" type="checkbox"/> Delete	TITLE Director	NAME DR KING JORDAN		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1250 PRAIRE STREET	CITY-ST-ZIP NORTHFIELD, MN 55057			STREET ADDRESS 800 Florida AVENUE	CITY-ST-ZIP Washington DC 20002		
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: <i>Kathleen M. King</i>				SIGNATURE: <i>Kathleen M. King</i>		DATE: <i>8/29/2005</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE		DAYTIME PHONE # <i>651-325-4084</i>	

ATTACHMENT 50065729
F99600000009

ADDITIONS TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
RAMO ROBERTA COOPER
500 FOURTH ST. NW SUITE 1000
ALBUQUERQUE, NM 87103

☐ Change

☒ Addition