2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# F99000000909

Entity Name: EDUCATIONAL CREDIT MANAGEMENT CORPORATION

Current Principal Place of Business:

101 EAST FIFTH STREET, SUITE 200
ST. PAUL, MN 55101

New Principal Place of Business:

Current Mailing Address:

101 EAST FIFTH STREET, SUITE 200
ST. PAUL, MN 55101

New Mailing Address:

FEI Number: 41-1778617 **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

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: VANGUILDER, GREG
Address: 101 E. 5HT ST. STE 200
City-St-Zip: SAINT PAUL, MN 55101

Title: D ( ) Delete
Name: MURRAY, JAMES
Address: 4706 FORT SUMNER DR.
City-St-Zip: BETHESDA, MD 20816

Title: D ( ) Delete
Name: PETERSON, FRANK
Address: 241 LIGHTHOUSE VIEW DR.
City-St-Zip: STEVENSVILLE, MD 21666

Title: D ( ) Delete
Name: JORDAN, I K DR
Address: 800 FLORIDA AVE. N.E.
City-St-Zip: WASHINGTON, DC 20002

Title: D ( ) Delete
Name: RAMO, ROBERTA C
Address: 500 FOURTH ST. STE 1000
City-St-Zip: ALBUQUERQUE, NM 87103

Title: S ( ) Delete
Name: WELLVANG, STEVEN A
Address: 101 E FIFTH ST, STE 2400
City-St-Zip: SAINT PAUL, MN 55101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG VANGUILDER T 04/02/2008

Electronic Signature of Signing Officer or Director — Date