

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000909

FILED
Mar 24, 2009
Secretary of State

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:

1 IMATION PLACE BLDG 2
OAKDALE, MN 55128

Current Mailing Address:

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

New Mailing Address:

1 IMATION PLACE BLDG 2
OAKDALE, MN 55128

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
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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

CFO

03/24/2009

Electronic Signature of Signing Officer or Director

Date