2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000909

FILED Jun 19, 2012 Secretary of State

Entity Name: EDUCATIONAL CREDIT MANAGEMENT CORPORATION

Current Principal Place of Business: New Principal Place of Business:

1 IMATION PLACE BLDG 2 OAKDALE, MN 55128

Current Mailing Address: 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: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Name: VANGUILDER, GREGORY
Address: 1 IMATION PLACE BLDG 2
City-St-Zip: OAKDALE, MN 55128

Title: S

Name: FISHER, DANIEL

Address: 1 IMATION PLACE BLDG 2 City-St-Zip: OAKDALE, MN 55128

Title: D

Name: STEIN, ROBERT

Address: 1 IMATION PLACE BLDG 2 City-St-Zip: OAKDALE, MN 55128

Title:

Name: JORDAN, I K DR

Address: 1 IMATION PLACE BLDG 2 City-St-Zip: OAKDALE, MN 55128

Title: D

Name: RAMO, ROBERTA C
Address: 1 IMATION PLACE BLDG 2
City-St-Zip: OAKDALE, MN 55128

Title:

Name: COOK, GARY

Address: 1 IMATION PLACE BLDG 2 City-St-Zip: OAKDALE, MN 55128

I hereby 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 all other like empowered.

SIGNATURE: DANIEL FISHER S 06/19/2012