

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90113 016 ****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

4. FEI Number **41-1778617**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	STEIN, ROBERT A	
STREET ADDRESS	750 N. LAKE SHORE DRIVE	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, GARY M	
STREET ADDRESS	170 MARION STREET	
CITY-ST-ZIP	DENVER CO 80218	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEPODESTA, JOHN E	
STREET ADDRESS	1700 OLD MEADOW ROAD	
CITY-ST-ZIP	MC LEAN VA 22102	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENNINGS, EDWARD H DR.	
STREET ADDRESS	110-L ENARSON HALL	
CITY-ST-ZIP	COLUMBUS OH 43210	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BOYLE, RICHARD	
STREET ADDRESS	98 MESA PRIETA ROAD P.O. BOX 119	
CITY-ST-ZIP	YOUNSVILLE NM 87064	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCGOWAN, ROBERT	
STREET ADDRESS	1250 PRAIRE STREET	
CITY-ST-ZIP	NORTHFIELD MN 55057	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See attached list	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

Robert McGowan CFO 2/12/2003 651-221-0566

CR2E037 (10/02)

Attachment

90035984

F99000000909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYLE, RICHARD 98 MESA PRIETA ROAD, P.O. BOX 119 YOUNGSVILLE, NM 87064	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, JAMES 4706 FORT SUMNER DR. BETHESDA, MD 20816	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, FRANK 241 LIGHTHOUSE VIEW DRIVE STEVENSVILLE, MD 21666	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDON, KING I DR. 800 FLORIDA AVENUE NE WASHINGTON, DC 20002-3695	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMO ROBERTA COOPER 500 FOURTH ST. NW SUITE 1000 ALBUQUERQUE, NM 87103	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCGOWAN, ROBERT 1250 PRAIRE STREET NORTHFIELD, MN 55057	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HINES, JANICE 10 PENINSULA ROAD DELLWOOD, MN 55110	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition