

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90005 024 \*\*\*550.00

**DOCUMENT # F99000003056**

1. Entity Name  
**EDUCATIONAL FINANCE GROUP, INC.**

Principal Place of Business

**495 STATION AVENUE  
 SOUTH YARMOUTH MA 02664**

Mailing Address

**495 STATION AVENUE  
 SOUTH YARMOUTH MA 02664**

2. Principal Place of Business

**463 Swansea Mall Drive**

Suite, Apt. #, etc.

3. Mailing Address

**463 Swansea Mall Drive**

Suite, Apt. #, etc.

City & State

**Swansea, MA**

Zip

**02777**

Country

**Bristol**

City & State

**Swansea, MA**

Zip

**02777**

Country

**Bristol**

4. FEI Number

**04-3405187**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**TRUXAL, WILLIAM J  
 300 1ST AVENUE SOUTH, SUITE 400  
 ST. PETERSBURG FL 33701**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$550.00  
 After SEPTEMBER 13, 2000 Min. will be \$750.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

|                                                |                                                                           |                                            |
|------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PC<br>GALVIN, STEPHEN J<br>495 STATION AVENUE<br>SOUTH YARMOUTH MA 02664  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>HARTWIG, MICHAEL R<br>495 STATION AVENUE<br>SOUTH YARMOUTH MA 02664  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>WOELKE, VERNON R<br>4001 MCEWEN DRIVE, SUITE 200<br>DALLAS TX 75244  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JENSEN, RONALD L<br>4001 MCEWEN DRIVE, SUITE 200<br>DALLAS TX 75244  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ESTELL, RICHARD J<br>4001 MCEWEN DRIVE, SUITE 200<br>DALLAS TX 75244 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MUTZ, GREGORY<br>4001 MCEWEN DRIVE, SUITE 200<br>DALLAS TX 75244     | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                             |                                                                              |
|------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>William Hastings<br>463 Swansea Mall Drive<br>Swansea, MA 02777        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>Lloyd Alcorn<br>463 Swansea Mall Drive<br>Swansea, MA 02777            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>Christopher Randolph<br>463 Swansea Mall Drive<br>Swansea, MA 02777    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Glenn Reed<br>4001 McEwen Drive, Suite 200<br>Dallas, TX 75244         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Patrick McLaughlin<br>4001 McEwen Drive, Suite 200<br>Dallas, TX 75244 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lloyd Alcorn*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lloyd Alcorn - CFO**

Date

Daytime Phone #

**8-14-00**

**508-235-2900**

CR2E034 (5/00)