

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003056

1. Entity Name

EDUCATIONAL FINANCE GROUP, INC.

Principal Place of Business

463 SWANSEA MALL DRIVE
SWANSEA MA 02777

Mailing Address

463 SWANSEA MALL DRIVE
SWANSEA MA 02777

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 04-3405187

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME HASTINGS, WILLIAM
STREET ADDRESS 463 SWANSEA MALL DR
CITY-ST-ZIP SWANSEA MA 02777

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME ALCORN, LLOYD
STREET ADDRESS 463 SWANSEA MALL DR
CITY-ST-ZIP SWANSEA MA 02777

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME RANDOLPH, CHRISTOPHER
STREET ADDRESS 463 SWANSEA MALL DR
CITY-ST-ZIP SWANSEA MA 02777

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME REED, GLENN
STREET ADDRESS 4001 MCEWEN DR, SUITE 200
CITY-ST-ZIP DALLAS TX 75244

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MCLAUGHLIN, PATRICK
STREET ADDRESS 4001 MCEWEN DRIVE, SUITE 200
CITY-ST-ZIP DALLAS TX 75244

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MUTZ, GREGORY
STREET ADDRESS 4001 MCEWEN DRIVE, SUITE 200
CITY-ST-ZIP DALLAS TX 75244

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91101 032 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)