

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000646

FILED
Apr 14, 2008
Secretary of State

Entity Name: ATLANTIC STUDENT FINANCE CORPORATION

Current Principal Place of Business:

201 N FRANKLIN ST
STE 2100
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

2600 WASHINGTON AVENUE
WACO, TX 76710

New Mailing Address:

FEI Number: 20-5412189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREW SERVICE CORPORATION OF FLORIDA
201 N FRANKLIN ST
STE 2100
TAMPA, FL 33602 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: P/D () Delete
Name: ELLIOTT, LINDLEY F
Address: 2600 WASHINGTON AVE.
City-St-Zip: WACO, TX 76710 US

Title: VP/D () Delete
Name: PERRY, JOHN
Address: 2600 WASHINGTON AVE.
City-St-Zip: WACO, TX 76710 US

Title: EVP () Delete
Name: TURMAN, RICKY
Address: 2600 WASHINGTON AVE.
City-St-Zip: WACO, TX 76710 US

Title: S/T () Delete
Name: HORNER, DAVID
Address: 2600 WASHINGTON AVE.
City-St-Zip: WACO, TX 76710 US

Title: D () Delete
Name: HAWES, JOHN M JR.
Address: 2600 WASHINGTON AVE.
City-St-Zip: WACO, TX 76710 US

Title: D () Delete
Name: HAY, NORMAN L JR.
Address: 2600 WASHINGTON AVE.
City-St-Zip: WACO, TX 76710 US

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
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LANNING, WILTON
Address: 2600 WASHINGTON AVE.
City-St-Zip: WACO, TX 76710 US

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: RICKY TURMAN

MR.

04/14/2008

Electronic Signature of Signing Officer or Director

Date