

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am
Secretary of State

* NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthay, P. Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000042 (8)**

1. Corporation Name

FLORIDA EDUCATIONAL LOAN MARKETING CORPORATION



Principal Place of Business	Mailing Address
1201 S ALMA SCHOOL ROAD STE 11000 MESA AR 85210	1201 S ALMA SCHOOL ROAD STE 11000 MESA AR 85210

3. Date Incorporated or Qualified	01/01/1997
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4. FEI Number	58-2302377	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 10420 SW 77th Avenue	26 Suite, Apt. #, etc.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Miami, Florida	28 City & State Mesa, AZ
24 Zip 33156	25 Country USA
29 Zip	30 Country

6. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name Ms. Judith Morris
82 Street Address (P.O. Box Number is Not Acceptable) Florida Educational Loan Marketing Corp.
83 10420 SW 77th Avenue
84 City Miami
85 FL 33156

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Judith F. Morris* *Judith F. Morris* 2/9/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	Chairman & CEO <input type="checkbox"/> DELETE
NAME	Vincent Roig
STREET ADDRESS	1201 S. Alma School Rd. #11000
CITY-ST-ZIP	Mesa, Az. 85210
TITLE	President <input type="checkbox"/> DELETE
NAME	Paul G. Barberini
STREET ADDRESS	1201 S. Alma School Rd., #11000
CITY-ST-ZIP	Mesa, Az. 85210
TITLE	Secretary <input type="checkbox"/> DELETE
NAME	Sandra L. Seamans
STREET ADDRESS	1201 S. Alma School Rd., #11000
CITY-ST-ZIP	Mesa, Az. 85210
TITLE	Treasurer <input type="checkbox"/> DELETE
NAME	Mark E. Krietemeyer
STREET ADDRESS	1201 S. Alma School Rd., #11000
CITY-ST-ZIP	Mesa, Az. 85210
TITLE	Director <input type="checkbox"/> DELETE
NAME	Steve Betts
STREET ADDRESS	1201 S. Alma School Rd., #11000
CITY-ST-ZIP	Mesa, Az. 85210
TITLE	Director <input type="checkbox"/> DELETE
NAME	George Evans
STREET ADDRESS	1201 S. Alma School Rd., #11000
CITY-ST-ZIP	Mesa, Az. 85210

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ronnie Lopez
1.3 STREET ADDRESS	1201 S. Alma School Rd., #11000
1.4 CITY-ST-ZIP	Mesa, Az. 85210
2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ioanna Morfessis
2.3 STREET ADDRESS	1201 S. Alma School Rd., #11000
2.4 CITY-ST-ZIP	Mesa, Az. 85210
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Vincent Roig* Vincent Roig (602) 461-6500
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2037 (10/97)