FILED

## ' 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 19, 2001 8:00 am DOCUMENT # N9700000042 Secretary of State 1. Entity Name FLORIDA EDUCATIONAL LOAN MARKETING CORPORATION 02-19-2001 90065 025 \*\*\*\*61.25 Principal Place of Business Mailing Address 1555 NORTH FIESTA BLVD. 1555 NORTH FIESTA BLVD. GILBERT AZ 85233 GILBERT AZ 85233 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-2302377 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MORRIS, JUDITH MS. 10420 SW 77TH AVE. MIAMI FL 33156 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. **XX**Addition ☐ Change ☐ Delete TITLE TITL F NAME ROIG. VINCENT NAME LOPEZ, RONNIE STREET ADDRESS 1555 N. FIESTA BOULEVARD STREET ADDRESS 1555 N. FIESTA BOULEVARD CITY-ST-ZIP CITY-ST-ZIP GILBERT AZ 85233 GILBERT AZ 85233 Addition ☐ Change PD ☐ Delete TITLE TITLE D NAME BARBARINI, PAUL G NAME MORFESSIS, IOANNA STREET ADDRESS STREET ADDRESS 1555 N. FIESTA BOULEVARD 1555 N. FIESTA BOULEVARD GILBERT AZ 85233 VP CITY-ST-ZIP CITY-ST-ZIP GILBERT AZ 85233 **ASTV** ☐ Delete TITLE ☐ Change **K**Addition TITLE CHAPIN, RICHARD NAME RYAN, BARBARA NAME STREET ADDRESS STREET ADDRESS 1555 N. FIESTA BOULEVARD 1555 N. FIESTA BOULEVARD CITY-ST-ZIP CITY-ST-ZIP **GILBERT AZ 85233** GILBER AZ 85233 ☐ Delete TITLE Change **X** KAddition TITLE BETTS, STEVE NAME NAME CANTOR, RICKI STREET ADDRESS STREET ADDRESS 1555 N. FIESTA BOULEVARD 1555 N. FIESTA BOULEVARD CITY-ST-ZIP\* CITY-ST-ZIP GILBERT AZ 85233 GILBERT AZ 85233 TITLE Change **XX**Addition ☐ Delete TITLE NAME EVANS, GEORGE HARRIS, KATHY NAME STREET ADDRESS STREET ADDRESS 1555 N. FIESTA BOULEVARD 1555 N. FIESTA BOULEVARD CITY-ST-ZIP CITY-ST-ZIP GILBERT AZ 85233 GILBERT AZ 85233 TITLE □ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytome Phone #

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12. Thereby 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.

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