2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# N97000000042

Entity Name: FLORIDA EDUCATIONAL LOAN MARKETING CORPORATION

Current Principal Place of Business:

1555 NORTH FIESTA BLVD.
GILBERT, AZ 85233

New Principal Place of Business:

Current Mailing Address:

1555 NORTH FIESTA BLVD.
GILBERT, AZ 85233

New Mailing Address:

FEI Number: 58-2302377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, JUDITH MS.
11140 SW 88TH STREET #200
MIAMI, FL 33176 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:	CD	( ) Delete
Name:	ROIG, VINCENT	
Address:	1555 N. FIESTA BOULEVARD	
City-St-Zip:	GILBERT, AZ 85233	
Title:	PD	( ) Delete
Name:	STEWART, JANE	
Address:	1555 N. FIESTA BOULEVARD	
City-St-Zip:	GILBERT, AZ 85233	
Title:	ASTV	( ) Delete
Name:	CHAPIN, RICHARD	
Address:	1555 N. FIESTA BOULEVARD	
City-St-Zip:	GILBERT, AZ 85233	
Title:	D	( ) Delete
Name:	BETTS, STEVE	
Address:	1555 N. FIESTA BOULEVARD	
City-St-Zip:	GILBERT, AZ 85233	
Title:	D	( ) Delete
Name:	EVANS, GEORGE	
Address:	1555 N. FIESTA BOULEVARD	
City-St-Zip:	GILBERT, AZ 85233	
Title:	D	( ) Delete
Name:	LOPEZ, RONNIE	
Address:	1555 N. FIESTA BOULEVARD	
City-St-Zip:	GILBERT, AZ 85233	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBARA RYAN V 01/06/2004

Electronic Signature of Signing Officer or Director — Date