

FILE NOW: FILING FEE IS \$61.25

1 of 2

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P18712 (0)

1. Corporation Name

EDUCATION LOAN SERVICING CENTER, INC.



Principal Place of Business 7999 KNUE ROAD OFC/TREAS MC M488 INDIANAPOLIS IN 46250 US	Mailing Address 11100 USA PARKWAY P.O. BOX 6180 OFC/TREAS MC M488 INDIANAPOLIS IN 46206-6108
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3. Date Incorporated or Qualified 04/06/1988	3a. Date of Last Report 02/22/1995
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 35-1558151	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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

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	P <input type="checkbox"/> DELETE
NAME	GILBERT, FREDRIC W
STREET ADDRESS	7999 KNUE ROAD
CITY - ST - ZIP	INDIANAPOLIS IN
TITLE	SVP <input type="checkbox"/> DELETE
NAME	YOST, DANIEL L
STREET ADDRESS	7999 KNUE ROAD
CITY - ST - ZIP	INDIANAPOLIS IN
TITLE	EVPC <input type="checkbox"/> DELETE
NAME	LINTZENICH, JAMES C
STREET ADDRESS	11100 USA PARKWAY
CITY - ST - ZIP	FISHERS IN
TITLE	CCEO <input type="checkbox"/> DELETE
NAME	NICHOLSON, ROY A
STREET ADDRESS	11100 USA PARKWAY
CITY - ST - ZIP	RISHERS IN
TITLE	VP <input type="checkbox"/> DELETE
NAME	STRACK, EDWARD F
STREET ADDRESS	7999 KNUE ROAD
CITY - ST - ZIP	INDIANAPOLIS IN
TITLE	SVP <input type="checkbox"/> DELETE
NAME	BALLARD, ROBERT C
STREET ADDRESS	7999 KNUE ROAD
CITY - ST - ZIP	INDIANAPOLIS IN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jim Lintzenich, Executive Vice President and Chief Financial Officer

2/12/96

317-578-6178

Date

Daytime Phone

564-9-96

CR2E037 (12/95)

Education Loan Servicing Center, Inc. List of Officers

The mailing address for officers and trustees of Education Loan Servicing Center, Inc. is P.O. Box 6180, Indianapolis, IN 46206-6180.

The street address for officers and trustees of Education Loan Servicing Center, Inc. is 7999 Knue Road, Indianapolis, IN 46250.

Roy A. Nicholson	Chairman & Chief Executive Officer
Fredric W. Gilbert	President
James C. Lintzenich	Executive Vice President & Chief Financial Officer
Robert C. Ballard	Senior Vice President, Servicing Operations
Lawrence A. Morgan	Senior Vice President, Lender Servicing Systems
Edward R. Schmidt	Secretary & General Counsel
Daniel L. Yost	Senior Vice President, Systems & Compliance
Laura S. Blackburn	Vice President, Marketing & Contract Administration
Kenneth A. Howard	Vice President, Financial Services
Theresa S. Panahi	Vice President, Borrower Services
Edward F. Strack	Vice President, Loan Management
Robert L. Trimpl	Vice President, Loan Conversion

Education Loan Servicing Center List of Trustees

Roy A. Nicholson	Robert C. Ballard
Fredric W. Gilbert	James C. Lintzenich
Edward R. Schmidt	Daniel L. Yost
Robert L. Zier	