2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

| DOCUMENT # P99000107579 | | | FILED |
|---|---------------------------------------|--|--|
| 1. Entity Name U.S. EDUCATION FINANCE CORPORATION | | | 05 JUN 28 PH 1: 10 |
| | | 100 m | CHOICE STATE OF THE LEGISLAND |
| Principal Place of Business 600 BRICKELL AVENUE SUITE 400 | Mailing Address 600 BRICKELL AVENU | E SUITE 400 | SECKE I STALLAHASSILE, FLORIDA |
| MIAMI, FL 33131 | MIAMI, FL 33131 | | SVIIDA |
| 2. Principal Place of Business | 3. Mailing Address | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 06222005 Chg-P CR2E034 (10/03) |
| City & State | City & State | | 4. FEI Number Applied For 65-0974028 Not Applicable |
| Zip Country | Zip | Country | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| 6. Name and Address of C | Current Registered Agent | Name | 7. Name and Address of New Registered Agent |
| BERGER, JAMES L | | | Renaldy J. Gutierrez |
| BERGER SINGERMAN 350 E LAS OLAS BLVD, SUITE 100 | | Street Address (P.O. Box Number is Not Acceptable) 601 Brickell Key Drive, Ste 201 | |
| FORT LAUDERDALE, FL 33301 | | | |
| | | City Mia | ami FL Zip Code 33131 |
| 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. I am familiar with, and accept the obligations of registered agent. | | | |
| Renaldy I Gutierrez 6-22-05 | | | |
| SIGNATURE Signature, typed or printed name of legistered igent and title if application. (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | |
| 10. OFFICEF | I RS AND DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| NAME HOWARD, HENRY B | Defete | TITLE DP | S Change X Addition ARD, HENRY B. |
| STREET ADDRESS 600 BRICKELL AVENUE, MIAMI, FL 33131 | SUITE 400 | STREET ADDRESS 600 | Dirickell Avenue, Ste 400 mi, FL 33131 |
| TITLE NAME | ☐ Delete | TITLE DVI | |
| STREET ADDRESS | | | RISTAKOS, THEODORE O Brickell Avenue, Ste 400 |
| CITY-ST-ZIP | □ n.l.u. | | mi, FL 33131 |
| TITLE NAME | ☐ Delete | TITLE DT GUT | ☐ Change (X) Addition |
| STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS 600 CITY-ST-ZIP Mia | O Brićkell Avenue, Ste 400 ami, FL 33131 |
| TIFLE NAME | ☐ Delete | TITLE AS | ☐ Change X Addition |
| STREET ADDRESS CITY · SI - ZIP | | STREET ADDRESS 601 | Brickell Key Drive, Ste 201 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | | NAME STREET ADDRESS | 200057720722 07/20/0501056014 **61.25 |
| CITY-ST-ZIP | | CITY-ST-ZIP | 01750/0001030014 ***01.53 |
| ITTLE NAME | Delete | TITLE NAME | ☐ Change ☐ Addition |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP 12. I hereby certify that the information supp | lied with this filing does not out to | CITY-ST-ZIP | n Section 119.07(3)(i), Florida Statutes. I further certify that the information |
| indicated on this report or supplemental report is tree 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 607, 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: Renaldy J. Gutierrez: 6-22-05 305-577-4500 SIGNATURE: On Date Dayline Phone # | | | |