

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005812

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** PENNSYLVANIA HIGHER EDUCATION ASSISTANCE AGENCY, INC.

**Current Principal Place of Business:**

1200 N. 7TH STREET  
HARRISBURG, PA 17102

**New Principal Place of Business:**

**Current Mailing Address:**

1200 N 7TH ST  
HQ6D2  
HARRISBURG, PA 17102

**New Mailing Address:**

**FEI Number:** 23-1693362      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324    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: CEO  
Name: PRESTON, JAMES L  
Address: 1200 N 7TH ST  
City-St-Zip: HARRISBURG, PA 17102

Title: CFO  
Name: GUENTHER, TIMOTHY A  
Address: 1200 N 7TH ST  
City-St-Zip: HARRISBURG, PA 17102

Title: SEC  
Name: HENCH, NATHANIEL  
Address: 1200 NORTH 7TH STREET  
City-St-Zip: HARRISBURG, PA 17102

Title: C  
Name: ADOLPH, WILLIAM F REP.  
Address: 245 MAIN CAPTIOL BUILDING  
City-St-Zip: HARRISBURG, PA 17120

Title: VC  
Name: FONTANA, WAYNE D SEN.  
Address: 15 EAST WING  
City-St-Zip: HARRISBURG, PA 17120

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY A. GUENTHER

CFO

03/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date