


APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F02000005812			
1. Entity Name PENNSYLVANIA HIGHER EDUCATION ASSISTANCE AGENCY, INC.			
Principal Place of Business 1200 N. 7TH STREET HARRISBURG, PA 17102-1419		Mailing Address 1200 N. 7TH STREET HARRISBURG, PA 17102-1419	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 23-1693362		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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.			
SIGNATURE _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when existing)			
FILE NOW - FEES IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, ELINOR Z	NAME	
STREET ADDRESS	HR 316 CAPITOL BLDG.	STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG, PA 17120	CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUMO, VINCENT J	NAME	
STREET ADDRESS	SEN 646 CAPITOL BLDG.	STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG, PA 17120	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLOW, ROBERT J	NAME	
STREET ADDRESS	SEN 636 CAPITOL BLDG.	STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG, PA 17120	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUXTON, RONALD	NAME	
STREET ADDRESS	HR 628 E. CAPITOL BLDG.	STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG, PA 17120	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENZIE, EDNA B	NAME	
STREET ADDRESS	CCAC 808 RIDGE AVE.	STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH, PA 15212	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLAFELLA, NICHOLAS A	NAME	
STREET ADDRESS	HR 300 CAPITOL BLDG.	STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG, PA 17120	CITY-ST-ZIP	
12. I hereby 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.			
SIGNATURE: <i>Shirley E. David Paul</i>		Date: <i>3/19/03</i> 717-230-8833	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

CR12E037 (10/02)