


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90049 027 \*\*\*\*61.25

**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**

**94033424**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**4700 Great Oak Lane**  
 Suite, Apt. #, etc.

03092004 Chg-NP CR2E037 (10/03)

City & State  
**Harrisburg, PA**

4. FEI Number  
**23-1693362**

Applied For  
 Not Applicable

Zip  
**17110**

Country  
**USA**

5. Certificate of Status Desired  **\$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  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to  
 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>TAYLOR, ELINOR Z</b> <b>HR 315 CAPITOL BLDG.</b> <b>HARRISBURG, PA 17120</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>FUMO, VINCENT J</b> <b>SEN 545 CAPITOL BLDG.</b> <b>HARRISBURG, PA 17120</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MELLOW, ROBERT J</b> <b>SEN 535 CAPITOL BLDG.</b> <b>HARRISBURG, PA 17120</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUXTON, RONALD</b> <b>HR 528 E. CAPITOL BLDG.</b> <b>HARRISBURG, PA 17120</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCKENZIE, EDNA B</b> <b>CCAC 808 RIDGE AVE.</b> <b>PITTSBURGH, PA 15212</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLAFELLA, NICHOLAS A</b> <b>HR 300 CAPITOL BLDG.</b> <b>HARRISBURG, PA 17120</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Sheila Dow Ford* **SHEILA DOW FORD** **3/15/04** **717-230-8833**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone #