

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 11, 2007
Secretary of State**

DOCUMENT# F02000005812

Entity Name: PENNSYLVANIA HIGHER EDUCATION ASSISTANCE AGENCY, INC.

Current Principal Place of Business:

1200 N. 7TH STREET
HARRISBURG, PA 171021419

New Principal Place of Business:

Current Mailing Address:

4700 GREAT OAK LANE
HARRISBURG, PA 17110

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: C () Delete
Name: TAYLOR, ELINOR Z
Address: MAIN CAPITOL BUILDING, 128
City-St-Zip: HARRISBURG, PA 17120

Title: VC () Delete
Name: FUMO, VINCENT J
Address: SEN 545 CAPITOL BLDG.
City-St-Zip: HARRISBURG, PA 17120

Title: D () Delete
Name: ADOLPH, WILLIAM F
Address: HR 110 ROB
City-St-Zip: HARRISBURG, PA 17120

Title: D () Delete
Name: BUXTON, RONALD
Address: HR 528 E. CAPITOL BLDG.
City-St-Zip: HARRISBURG, PA 17120

Title: D () Delete
Name: CORMAN, JAKE
Address: SEN 171 CAPITOL BUILDING
City-St-Zip: HARRISBURG, PA 17120

Title: D () Delete
Name: HUGHES, VINCENT J
Address: MAIN CAPITOL BLDG., ROOM 177
City-St-Zip: HARRISBURG, PA 17120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TIM GUENTHER

Electronic Signature of Signing Officer or Director

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04/11/2007

Date