

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90005 024 ***550.00

DOCUMENT # F99000003056

1. Entity Name
EDUCATIONAL FINANCE GROUP, INC.

Principal Place of Business 495 STATION AVENUE SOUTH YARMOUTH MA 02664	Mailing Address 495 STATION AVENUE SOUTH YARMOUTH MA 02664
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2. Principal Place of Business 463 Swansea Mall Drive Suite, Apt. #, etc.	3. Mailing Address 463 Swansea Mall Drive Suite, Apt. #, etc.
City & State Swansea, MA	City & State Swansea, MA
Zip 02777	Country Bristol



DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3405187	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TRUXAL, WILLIAM J
300 1ST AVENUE SOUTH, SUITE 400
ST. PETERSBURG FL 33701

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.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME PC GALVIN, STEPHEN J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 495 STATION AVENUE	
CITY-ST-ZIP SOUTH YARMOUTH MA 02664	
TITLE NAME S HARTWIG, MICHAEL R	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 495 STATION AVENUE	
CITY-ST-ZIP SOUTH YARMOUTH MA 02664	
TITLE NAME V WOELKE, VERNON R	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4001 MCEWEN DRIVE, SUITE 200	
CITY-ST-ZIP DALLAS TX 75244	
TITLE NAME D JENSEN, RONALD L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4001 MCEWEN DRIVE, SUITE 200	
CITY-ST-ZIP DALLAS TX 75244	
TITLE NAME D ESTELL, RICHARD J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4001 MCEWEN DRIVE, SUITE 200	
CITY-ST-ZIP DALLAS TX 75244	
TITLE NAME D MUTZ, GREGORY	<input type="checkbox"/> Delete
STREET ADDRESS 4001 MCEWEN DRIVE, SUITE 200	
CITY-ST-ZIP DALLAS TX 75244	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME P William Hastings	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 463 Swansea Mall Drive	
CITY-ST-ZIP Swansea, MA 02777	
TITLE NAME V Lloyd Alcorn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 463 Swansea Mall Drive	
CITY-ST-ZIP Swansea, MA 02777	
TITLE NAME V Christopher Randolph	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 463 Swansea Mall Drive	
CITY-ST-ZIP Swansea, MA 02777	
TITLE NAME D Glenn Reed	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4001 McEwen Drive, Suite 200	
CITY-ST-ZIP Dallas, TX 75244	
TITLE NAME D Patrick McLaughlin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4001 McEwen Drive, Suite 200	
CITY-ST-ZIP Dallas, TX 75244	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lloyd Alcorn **Lloyd Alcorn - CFO** 8-14-00 508-235-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)