RI SOS Filing Number: 200833691310 Date: 08/14/2008 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
101320	Nellie Mae Loan Finance, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DE	financing entity for student loans

5. Principal office address	City	State	Zip
12061 Bluemont Way	Reston	VA	20190

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Mary Eure	Secretary

Street Address	City	State	Zip
12061 Bluemont Way	Reston	VA	20190

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
C.E. Andrews	12061 Bluemont Way	Reston	VA	20190
Dennis Howarth	51 Everett Drive	West Windsor	NJ	08550
Edna Astacio	51 Everett Drive	West Windsor	NJ	08550

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CT Corporation	10 Weybossett Drive	Providence, RI	02903

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

101320

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Mary F E 8/11/08
Signature of Authorized Person *Date*

Mary F. Eure/Secretary
Print or Type Name of Authorized Person

File Date FILED
Check No. AUG 14 2008
By: By 183163
FOR SECRETARY OF STATE USE ONLY

25060-2-213396

Form 632 Rev. 07/07