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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
000115279	SLM Financial Corporation

3. Street Address Principal Business Office	City	State	Zip
300 Continental Drive	Newark	DE	19713

4. Business Phone No	5. State of Incorporation
	Delaware

6. Brief Description of the Character of Business Conducted in Rhode Island
Consumer and Mortgage Lending

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☑ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Joanne M. Jackson	Gretchen C. Johnson
Street Address	**Street Address**
300 Continental Drive	12061 Bluemont Way
City / State / Zip	**City / State / Zip**
Newark / DE / 19713	Reston / VA / 20190
Secretary Name	**Treasurer Name**
Carol E. Rymal	Michael M. Yurko
Street Address	**Street Address**
300 Continental Drive	300 Continental Drive
City / State / Zip	**City / State / Zip**
Newark / DE / 19713	Newark / DE / 19713

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
John J. Hewes	
Street Address	**Street Address**
12061 Bluemont Way	
City / State / Zip	**City / State / Zip**
Reston / VA / 20190	
Director Name	**Director Name**
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	Common	.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

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.

Signature *Date* 3/27/09

Ann Bowen
Print or Type Name

[redacted] Director, Compliance Business Line Support
Title

File Date FILED
Check No. MAR 31 2009
By: By 35207
FOR SECRETARY OF STATE USE ONLY

ID # 000115279 Attachment for Officers in Question 7

- Assistant Secretary: Carol R. Rakatansky 12061 Bluemont Way, Reston, VA 20190