

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation Intervale Mortgage Corporation 3. Street Address Principal Business Office 02910 Cranston RI 815 Reservoir Avenue 4. Business Phone No 5. State of Incorporation 6. SIC Code 7880 **RHODE ISLAND** (943-1600) Brief Description of the Character of Business Conducted in Rhode Island
TO MAKE, PURCHASE AND SELL REAL ESTATE MORTGAGE LOANS President Name Vice President Name H. Jeffrey Baker Craiq A. Baker Street Address Street Address 815 Reservoir Avenue 815 Reservoir Avenue State State 02910 02910 RI Cranston Cranston RI Treasurer Name Secretary Name Walter Braillard IV Norman Jay Bolotow Surrey Address Street Address 815 Reservoir Avenue 95 Chestnut Street 02910 02903 RI Cranston Providence RI 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) | | FILL IN SPACES BEFORE USING ATTACHMENTS rooproor Chairman Nathaniel B. Baker Nathaniel B. Baker Street Address Street Address 815 Reservoir Avenue 815 Reservoir Avenue 7.ip City State Zip 02910 02910 Cranston RI Cranston RI Director Name Director Name H. Jeffrey Baker Craig A. Baker Street Address Street Address 815 Reservoir Avenue 815 Reservoir Avenue 210 Cin State 02910 02910 RI RI Cranston Cranston 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 4,000 NO PAR VALUE 100 Common No Par This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury. I declare and affirm that I have examined this report, **'**97707 including any accompanying schedules and statements, and that all statements contained herein are true and coffect. File Date

> Signature of Officer Baker Craig' 'A'. Print or Type Name of Officer President Title of Officer



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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Filing Period: January 1 - Mo (FORM MUST BE TYPED OR PRINT	•	Fee: \$50.00				
1. Carporate ID No.	2 Name of Corporation					
97707	Intervale Mortga	ge Corporation				
3 Street Address Principal Business Of			City	State	Zip	
815 Reservoir Avenue			Cranston	RI	02910	
4. Business Phone No.		5. State of Incorporation	· · · · · · · · · · · · · · · · · · ·		6. SIC Code	
(401) 943-1600		RHODE ISLAND			7880	
7. Brief Description of the Character of TO MAKE, PURCHASE	Business Conducted in Ri AND SELL REAL EST.	ode Island	s		,	
8. NAMES AND ADDRESSES President Name Craig A. Baker	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT)		TACHMENTS	
Street Address 815 Reservoir A	venue		Street Address 815 Reservoir A	Avenue		
Cranston	State RI	<sup>Ζ(p</sup> 02910	Ciry Cranston	State RI	Zip 02910	
Secretary Name Norman Jay Bolotow			Treasurer Name Walter Braillard IV			
Street Address 99 Wayland Avenue			Street Address 815 Reservoir Avenue			
<sup>City</sup> Providence	State RI	02906	City Cranston	State RI	<sup>Zip</sup> 02910	
9. NAMES AND ADDRESSES Director Name Nathaniel B. Ba		S: ("X" BOX FOR ATT	ACHMENT) [] FILL IN SI RMMXXXXXX Chair Nathaniel B. I	man		
Street Address			Street Address	<del></del> :		
815 Reservoir A	venue		815 Reservoi	c Avenue		
City	State	Zip	City	State	Zip	
Cranston	RI	02910	Cranston	RI	02910	
Director Name	***************************************	<b>,</b>	Director Name			
Craig A. Baker			H. Jeffrey Baker			
Street Address	<del></del> -		Street Address			
815 Reservoir A	venue		815 Reservoir Avenue			
City	State	Zip	City	State	Zíp	
Cranston	RI	02910	Cranston	RI	02910	
10. SHARES AUTHORIZED ( AUTHORIZED SHARES		1	11. SHARES ISSUED ("X") ISSUED SHARES	BOX FOR ATTACHME	(זאַ	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
4,000 NO PAR VALUE			100	Common	No Par	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 9 7 7 0 7 *	
File Date	9-9-04	
Check No.  By:	1001	
FOR SECRETARY OF STATE USE ONLY		

Under penalty of perjury, Lecchire including any accompanying sched contained herein are true and corre-	and affirm that I have examined this report, ules and statements, and that all statements ct.
1/1/4/1C	2-3-04
Signature of Officer	Date
Craig A. Bak <u>er</u>	
Print or Type Name of Officer	
President	
Title of Officer	

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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STOP PIFASE RFAID INSTRUCTIONS

(FORM MUST BE TYPED IN BLAC	:K)				
1. Corporate ID No.	2. Name of Corporat	ion			
97707	Domestic I	Bank Student Ic	oan Marketing Associ	ation Incorpora	ted
3. Street Address Principal Business O	•		City	State	Zip
815 Reservoi  4. Business Phone No.	r Avenue	5. State of Incorporati	Cranston	RI	02910 6. SIC Code
(401) 943-1600 7. Brief Description of the Character of		Rhode	Island		7880
originate, serv 8. NAMES AND ADDRESS President Name	-		student .loans ar rachment) FILLIN SPACES XXFXXXXXXXXXXXX	nd allied ser BEFORE USING ATTAC Chairman	
Craig A. Baker	•		Nathaniel B.	Baker	
815 Reservoir	Avenue		815 Reservoi	ir Avenue	
Clly	State	Zip	City	State	Zip
Cranston Secretary Name	RI	02910	Cranston Treasurer Name	RI	02910
Norman Jay Bol	otow		Walter Brail	llard IV	
99 Wayland Ave	nue		815 Reservo	ir Avenue	
City	State	Zip	City	State	Zip
Providence	RI	02910	Cranston	RI	02910
9. NAMES AND ADDRESS  Director Name	ES OF THE DIRE	CTORS (*X* BOX FOR A	ATTACHMENT) FILL IN SPAC	ES BEFORE USING ATT	ACHMENTS
Nathaniel B. B	aker		Craig A. Bal	ker	
815 Reservoir	Avenue		815 Reservo:	ir Avenue	
City	State	Zip	City	State	Zip
Cranston Director Name	RI	02910	Cranston Director Name	RI	02910
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (	X" BOX FOR ATTACHMEN	τ)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Volue
4000	C	NP	100	Common	No Par
			1		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date:	2/25/03	
Check No.:	066431	
Ву:		
FOR SECRETARY O	OF STATE USE ONLY	

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

Signature of Officer

Date

Craig A. Baker
Print or Type Name of Officer

President

Tille of Officer

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLAC	_	<i></i>			
I. Corporate ID No.	2. Name of Corpora				
97707 3. Street Address Principal Business (		ank Student Loan Marketi	ng AssociationIncorporated	   State	710
815 Reservoir			Cranston	RI	<sup>21p</sup> 02910
4. Business Phone No. (401) 943-160	0	5. State of Incorporation RHODE ISLAND			6. SIC Code 7880
7. Brief Description of the Character					
originate, ser 8. NAMES AND ADDRESS President Name			XXXXXXXXXXX	BEFORE USING ATTAC Chairman	
Craig A. Baker	•		: Nathaniel B	. Baker	
815 Reservoir	Avenue		Street Address 815 Reservo	ir Avenue	
City	State	Zip	City	State	Zip
Cranston	RI	02910	Cranston	RI	02910
Secretary Name Norman Jay Bol	otow	******	Treasurer Name Walter Brai	llard IV	. •
Street Address 99 Wayland Ave	nue		Street Address 815 Reservo	ir Avenue	
Providence	State RI	<sup>Zip</sup> 02906	Cranston	State RI	02910
9. NAMES AND ADDRESS Director Name Nathaniel B. B		ECTORS (*X* BOX FOR ATI	Craig A. Ba	es before using atta ker	CHMENTS
Street Address			Street Address		
815 Reservoir	Avenue		815 Reservo	ir Avenue	
Cranston	State RI	<sup>Zip</sup> 02910	chy Cranston	State RI	: <sub>Zip</sub> 02910
Director Name	• • •		Director Name	• • • • • • • • • • • • • • • • • • • •	•
Street Address			Street Address		
City	State	7.ip	City	State	Zip
10. SHARËS AUTHORIZEI AUTHORIZED SHARES	O ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED (*	"X" BOX FOR ATTACHMENT	)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			100	Common	No Par
This are a second of the secon	n _ man				
This report must be signe	cu in ink by eiti	ier the rresident, vice	riesident, secretary, ASSI	stant secretary, ireast	iter, Receiver or Iruste



File Date: 2 12 102

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury 1 decipale and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained period are true and correct.

2/4

Craig A Baker

Print or Type Name of Officer

President

Title of Officer

Ferm 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK	)				
1. Corporate ID No. 97707	2. Name of Corporation		in Marketing Associ	ationIncorpor	ated
		LOS	<del>,</del>		<del></del>
3. Street Address Principal Business Off			City	State	Zip
815 Reservoir A	venue	10 0000	Cranston	RI	02910
	4	5. State of Incorporation RHODE ISLAN	D		6. SIC Code 7880
(401) 943-1600 7. Brief Description of the Character of		i	·	· · · · · · · · · · · · · · · · · · ·	
			tudent loansvan	d allied ser	vices
	<del></del>	<del></del>	tudent loans:an		
8. NAMES AND ADDRESSE President Name	S OF THE OFFICE	ERS ("X" BOX FOR ATTACE		FORE USING ATTAC	HMENTS
	•		Nathaniel 1		
Craig A. Baker	·	<del></del>	Street Address		
815 Reservoir	Arronno		815 Reserve	oir Avenue	
City	State	Zip	City	State	Zip
,	RI	02910	Cranston	RI	02910
Cranston Secretary Name	.l		Treasurer Name		3-7
Norman Jay Bol	lotow .		Walter Brai	llard IV	
Street Address			Street Address		<del></del>
99 Wayland Ave	nue		815 Reservo	ir Avenue	
City	State	Zip	City	State	Zip
Providence	RI	02906	Cranston	RI	02910
9. NAMES AND ADDRESSE	<u> </u>		<u> </u>	REFORE USING ATTA	CHMENTS
Director Name	5 Of THE DIREC	TORS CX BOX FOR ATTA	:Director Name	DEL ONE CONTO ATTA	CLEVELVIO
Nathaniel B. F	3aker		Craig A. B	aker	•
Street Address		· · · · · · · · · · · · · · · · · · ·	:Street Address	<del></del>	<del>.</del>
815 Reservoir	Avenue		815 Reserv	oir Avenue	
City	State	2.1p	;Ciry	State	Zip
Cranston	RI	02910	Cranston	RI	02910
Director Name	.J		Director Name		
H. Jeffrey Bal	cer				
Street Address	<del></del>		Street Address		
815 Reservoir	Avenue				
City	State	Zip	City	State	Zip
Cranston	RI	02910			
10. SHARES AUTHORIZED	( X BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT	) []
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALI				_	
4,000 10 1211			100	Common	No Par
			. 1		
This against 11-1-1-1-1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Aba Daridan Str.	Described Comment		D
This report must be signed	in ink by eithei	tine President, Vice i	resident, Secretary, Assist	ant Secretary, Ireasu	irer, keceiver or Iruste
( (0.2)(0.5)					

	* 9 7 7 0 7 *
File Date:	EII ED
Check No.:	FEB 1 4 2001
Ву:	By Cc 060524
	Y OF STATE USE ONLY

, , ,	• •	affirm that I have examined ng schedules and statements, and
that All statements	ontained hereth ar	e true and correct.
CAGO	1 2/7/01	
Signature of Pificer		Date
Craig A. B	aker	
Print or Type Name of Off	icer	
President		•
Itie of Officer		

2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

97707

1. Corporate ID No.

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

Domestic Bank Student Loan Marketing AssociationIncorporated

3. Street Address Principal Business Office		1	City	<sup>†</sup> State	Zip	
815 Reservoir Av	5.	State of Incorporation	Cranston	RI	02910 6. SIC Code	
(401) $943-1600$ 7. Brief Description of the Character of Business Conducted in Rh		RHODE ISLAND			7880	
originate, service 8. NAMES AND ADDRESSES OF President Name			IENT) FILL IN SPACES BEF	allied servico ore using attachmi airman		
Craig A. Baker Street Address			Nathaniel B. I	Baker	•	
815 Reservoir Aver City State Cranston Secretary Name		02910	815_Reservoir Cranston Tressurer Name	Avenue State RI	1 zip 0 2 9 1 0	
Norman Jay Bolotov	i		Walter Brailla	ard IV .		
99 Wayland Avenue	· zı	•	815 Reservoir	Avenue :	Zip	
Providence 9. NAMES AND ADDRESSES OF Director Name	RI THE DIRECTORS	02906 6 (*X* BOX FOR ATTAC	Cranston_ HMENT) FILL IN SPACES BI Director Name	RI EFORE USING ATTACH	0 29 10 MENTS	
Nathaniel B. Bake Street Address	er	;	Craig_A. Baker	<del>.</del> .		
815 Reservoir Ave		,	815 Reservoir	Avenue	* Zip	
Cranston	RI.	02910	Cranston Director Name	RI	02910	
H. Jeffrey Baker Street Address			Street Address	•		
815 Reservoir Ave State			City	State	Zip	
Cranston 10. SHARES AUTHORIZED (*x* ) AUTHORIZED SHARES	RI BOX FOR ATTACHMENT	02910	11. SHARES ISSUED (*x* B	OX FOR ATTACHMENT)		
Number of Shares Class	s/Series Pa	r Value	Number of Shares	Class/Series	Par Value	
4,000 NO PAR VALUE			100	Common	No Par	
	<b>-</b> -			·	<del></del>	
This report must be signed in i	nk by either the	President, Vice Pr	esident, Secretary, Assistar	nt Secretary, Treasurer,	Receiver or Truste	
			•			

FOR SECRETARY OF STATE USE ONLY

\* 9 7 7 0 7 \*

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Signature # Crowlg A. Baker Print or Type Name of Officer

Under penalty of perjury- declare and affirm that I have examined

<u>President</u>

Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

PERASE	
INVERT	HONS

(FORM MUST BE TYPED IN BLAC						
1. Corporate ID No.	2. Name of Corpor	ation	· ·			
97707 3. Street Address Principal Business C		Bank Student Loan Mar	keting Associationinco	rporated	Zip	
815 Reservoir 4. Business Phone No.	Avenue	5. State of Incorporation	Cranston	RI	02910 6. SIC Gode	
(401) 943-1600 2. Brief Description of the Character of		In Rhode Island	·		7880	
originate, serv 8. NAMES AND ADDRESS President Name	ice, sell ES OF THE OFF	and deal in st FICERS (*X*BOX FOR ATTAC		allied servi efore Using ATTACHI airman	ces MENTS	
Craig A. Baker			Nathaniel-B. Baker			
815 Reservoir	Avenue		815 Reservo			
City .	State	Zip	City	State	1 Zip	
Cranston	RI	02910	Cranston	RI	02910	
Secretary Name		***************************************	Treasurer Name		• • • • • • • • • • • • • • • • • • • •	
Norman Jay Bol	otow		: Walter Brai	llard IV		
Street Address		·· · · · · · · · · · · · · · · · · · ·	Street Address	•		
99 Wayland Ave	nue		815 Reservo	ir Avenue		
City	State	Zip	City	State	Zip	
Providence	RI	02906	Cranston	RI	02910	
9. NAMES AND ADDRESS	ES OF THE DIF	ECTORS ("X" BOX FOR ATT	CHMENT)   FILL IN SPACES	BEFORE USING ATTAC	HMENTS	
Director Name	_	· · · ·	Director Name			
Nathaniel B. Baker			Craig A. Baker			
Street Address	_		•	Street Address		
815 Reservoir			815 Reservo		. <u>.                                   </u>	
City	State	Zip	City	State	02910	
Cranston	RI	02910	Cranston	RI	02910	
Director Name			Director Name			
H. Jeffrey Bak	er					
Street Address	A		Street Address			
815 Reservoir			. <u>.</u>			
Chamatan	State	Zip . 02010	: City	State	Zip	
Cranston	RI	02910	· ·			
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Glass/Series	Par Value	
4,000 NO PAR VALUE			100	Common _	No Par	
This report must be signe	d in ink by ei	ther the President, Vice I	President, Secretary, Assist	tant Secretary, Treasure	r, Receiver or Trusto	

	* 9 7 0 7 *	Under penalty of perjuty, I dectary and affirm that I have examined this report, including any accompanying schedules and statements, and		
File Date:	Feb 5, 99	that all starements contained leveln		
Check No.:	- 5712L1	Crary B. Baker	Date	
By:FOR SECRETARY	OF STATE USE ONLY	Print or Type Name of Officer  President		
	i,	Title of Officer		



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PIJASE READ INSTRUCTIONS

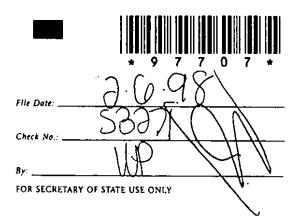
(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

97707	Domestic Ban	k Student Loan Mar	keting Associationinco	orporated		
815 Reservoir	is Office		Cranston	State RI	21p 02910	
1. Business Phone No. (401) 943–160	0	5. State of Incorporation RHODE ISLAND			6. sic 5% 80	
. Brief Description of the Charact originate, se	er of Business Conducted in Rh rvice, sell a	ode Island	udent loans an	d allied servi	.ces.	
B. NAMES AND ADDRE President Name Craig A. Bake		RS (*X* BOX FOR ATTACH	мент) « <b>ЖЖЖЖЖЖЖЖ</b> Ch	airman		
treet Address 815 Reservoir			Nathaniel B. Baker Street Address 815 Reservoir Avenue			
Cranston	State RI	<sup>Zip</sup> 02910	Cranston	State RI	<sup>Zip</sup> 02910	
ecretary Name Norman Jay Bo	lotow	• .	Treasurer Name Walter Braill	ard IV	٠	
treet Address 189 Canal Str	eet		Street Address 815 Reservoir	Avenue		
Providence	State RI	02903	Cranston	State RI	02910	
D. NAMES AND ADDRE		ORS ("X" BOX FOR ATTAC	CHMENT) Director Name			
Nathaniel B. Baker Treet Address 815 Reservoir Avenue			Craig A. Baker  . Street Address			
Transton	State RI	<sup>Ζίρ</sup> 02910	815 Reservoir	Avenue State	Zip	
Director Name H. Jeffrey Ba	•		Cranston Director Name	RI	02910	
nreet Address 815 Reservoir			Street Address			
Cranston	State RI	02910	City	State	Zip	
O. SHARES AUTHORIZI UTHORIZED SHARES	ED (*x* box for attach	MENT)	11. SHARES ISSUED (*X ISSUED SHARES	* BOX FOR ATTACHMENT)		
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



4,000 NO PAR VALUE

Under penalty of perjury, I declare and affirm that I have examined this report. Including any accompanying schedules and statements, and that all statements conjuned hery in are true and correct.

Date

Common

1/2/ R/ 1/20/64

Signature of differ Craig A. Baker

Print or Type Name of Officer
President

Title of Officer

100

No Par