

# UNOFFICIAL COPY

FORM **BCA 12.45/13.6** (rev. Dec. 2003)  
**APPLICATION FOR REINSTATEMENT**  
**DOMESTIC/FOREIGN CORPORATIONS**  
Business Corporation Act



Jesse White, Secretary of State  
Department of Business Services  
Springfield, IL 62756  
217-782-1837 (foreign)  
217-785-5782 or 217-782-5797 (domestic)  
www.cyberdriveillinois.com

Doc#: 0923622054 Fee: \$40.25  
Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 08/24/2009 01:53 PM Pg: 1 of 1

Remit payment in the form of a cashier's  
check, certified check, money order,  
Illinois attorney's check payable to  
Secretary of State.

See notes on back.

Jul 30, 2009 File # fb205-277-5 Filing Fee: \$200 Approved: MM

----- Submit in duplicate ----- Type or Print clearly in black ink ----- Do not write above this line -----

1. a. Corporate Name as of date of issuance of Certificate of Dissolution or Revocation:

SLM Financial Corporation

- b. Corporate Name if changed: (See Note 2.)

- c. If a foreign corporation having authority under an assumed corporate name, print the Assumed Corporate Name  
(See Note 3.)

**FILED**  
JUL 30 2009

JESSE WHITE  
SECRETARY OF STATE

2. State of Incorporation: Delaware

3. Date Certificate of Dissolution or Revocation issued: July 10, 2009

4. Name and Address of Illinois Registered Agent and the Illinois Registered Office upon reinstatement:

**NOTICE:** Completion of Item 4 does not constitute a registered agent or office change. (See Note 4.)

Registered Agent CT Corporation

| Registered Office                          | First Name | Middle Name  | Last Name   |
|--|------------|--------------|-------------|
| <u>208 South LaSalle Street, Suite 814</u> |            |              |             |
| <u>Chicago</u>                             | <u>IL</u>  | <u>60604</u> | <u>Cook</u> |
| City                                       | State      | ZIP Code     | County      |

5. This application is accompanied by all delinquent report forms together with the filing fees, franchise taxes, license fee and penalties required. (See Note 1.)

6. The undersigned corporation has caused this application to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct. (All signatures must be in **BLACK INK**.)

Dated July 22, 2009  
Month & Day Year

SLM Financial Corporation

Exact Name of Corporation

Joanne Jackson, President  
Any Authorized Officer's Signature  
Name and Title (type or print)

SY  
M-1/5