

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213521836

1.) CORPORATION NAME:

EDUCATIONAL CREDIT MANAGEMENT CORPORATION

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1257437**

5.) STOCK INFORMATION

CLASS AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 IMATION PLACE
BLDG 2

CITY/ST/ZIP: OAKDALE, MN 55128

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JANICE HINES				
TITLE:	P/CEO				
ADDRESS:	1 IMATION PLACE				
	BLDG 2				
CITY/ST/ZIP/CO:	OAKDALE, MN 55128				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	GREG VAN GUILDER				
TITLE:	T/CFO				
ADDRESS:	1 IMATION PLACE, BLDG 2				
CITY/ST/ZIP/CO:	OAKDALE, MN 55128				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	Daniel S Fisher				
TITLE:	SECRETARY				
ADDRESS:	1 IMATION PLACE				
	BLDG 2				
CITY/ST/ZIP/CO:	OAKDALE, MN 55128				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	ROBERTA C RAMO				
TITLE:	DIRECTOR				
ADDRESS:	1 IMATION PLACE, BLDG 2				
CITY/ST/ZIP/CO:	OAKDALE, MN 55128				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	ROBERT STEIN				
TITLE:	DIRECTOR				
ADDRESS:	1 IMATION PLACE, BLDG 2				
CITY/ST/ZIP/CO:	OAKDALE, MN 55128				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	Richard Boyle				
TITLE:	DIRECTOR				
ADDRESS:	1 Imation Place				
	Building 2				
CITY/ST/ZIP/CO:	Oakdale, MN 55128				

NAME: Gary Cook TITLE: DIRECTOR ADDRESS: 1 Imation Place Building 2 CITY/ST/ZIP/CO: Oakdale, MN 55128	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: John DePodesta TITLE: DIRECTOR ADDRESS: 1 Imation Place Building 2 CITY/ST/ZIP/CO: Oakdale, MN 55128	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: I King Jordan TITLE: DIRECTOR ADDRESS: 1 Imation Place Building 2 CITY/ST/ZIP/CO: Oakdale, MN 55128	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: James McKeon TITLE: DIRECTOR ADDRESS: 1 Imation Place Building 2 CITY/ST/ZIP/CO: Oakdale, MN 55128	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Jack O TITLE: DIRECTOR ADDRESS: 1 Imation Place Building 2 CITY/ST/ZIP/CO: Oakdale, MN 55128	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Maurice Salter TITLE: DIRECTOR ADDRESS: 1 Imation Place Building 2 CITY/ST/ZIP/CO: Oakdale, MN 55128	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Peter Taylor TITLE: DIRECTOR ADDRESS: 1 Imation Place Building 2 CITY/ST/ZIP/CO: Oakdale, MN 55128	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ Daniel S Fisher SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Daniel S Fisher, SECRETARY PRINTED NAME AND CORPORATE TITLE
5/7/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	