

SCC eFile

2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

215529839

1.) CORPORATION NAME:

**EDUCATIONAL CREDIT MANAGEMENT CORPORATION**

DUE DATE: **6/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
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.

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

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

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

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

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

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'CONNELL 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: 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: 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	
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	8/10/2015 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.		