

1.) CORPORATION NAME:

**Navient Credit Finance Corporation**

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER, 16TH FLOOR  
1111 EAST MAIN STREET**

SCC ID NO: **F1756586**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2001 EDMUND HALLEY DRIVE

CITY/ST/ZIP: RESTON, VA 20191

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:	STEPHEN O'CONNELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2001 EDMUND HALLEY DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20191		

NAME:	GRETCHEN C JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2001 EDMUND HALLEY DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20191		

NAME:	ERIC J WATSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2001 EDMUND HALLEY DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20191		

NAME:	CHRISTIAN AMERI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & ASST. SEC		
ADDRESS:	2001 EDMUND HALLEY DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20191		

NAME:	JEROME T MAHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2001 EDMUND HALLEY DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20191		

NAME:	MARK D REIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2001 EDMUND HALLEY DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20191		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW WACHTEL VICE PRESIDENT 2001 EDMUND HALLEY DRIVE RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY HAAS VICE PRESIDENT 2001 EDMUND HALLEY DRIVE RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KRISTY RICKS REINEKE ASST TREASURER 2001 EDMUND HALLEY DRIVE RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ ERIC J WATSON	ERIC J WATSON, SECRETARY	6/24/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.