

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006430

FILED
Jan 27, 2009
Secretary of State

Entity Name: CAMBRIDGE CREDIT COUNSELING CORP.

Current Principal Place of Business:

67 HUNT STREET
AGAWAM, MA 01001

New Principal Place of Business:

Current Mailing Address:

67 HUNT STREET
AGAWAM, MA 01001

New Mailing Address:

FEI Number: 04-3337726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: COLONNA, ALFRED H JR
Address: 258 PINE STREET
City-St-Zip: SPRINGFIELD, MA 01105

Title: P () Delete
Name: VIALE, CHRISTOPHER
Address: 15 BRIMFIELD WAY
City-St-Zip: WESTFIELD, MA 01085

Title: S () Delete
Name: GUARY, TRACY
Address: 19 WELLFLEET DRIVE
City-St-Zip: WEST SPRINGFIELD, MA 01089

Title: T () Delete
Name: HEBERT, THOMAS
Address: 4 STEEPLECHASE ROAD
City-St-Zip: EAST WINDSOR, CT 06088

Title: D () Delete
Name: REYNOLDS, LIAM
Address: 15 GREENLEAF STREET
City-St-Zip: SPRINGFIELD, MA 01108

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GUAY, TRACY
Address: 19 WELLFLEET DRIVE
City-St-Zip: WEST SPRINGFIELD, MA 01089

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: O'KEEFE, DEAN
Address: 1171 NEWGATE AVENUE
City-St-Zip: WEST SUFFIELD, CT 06093

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER VIALE

P

01/27/2009

Electronic Signature of Signing Officer or Director

Date