

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001060

1. Entity Name

CONSUMER CREDIT COUNSELING SERVICE OF SAN FRANCISCO

Principal Place of Business

Mailing Address

77 MAIDEN LANE
SAN FRANCISCO CA 94108

77 MAIDEN LANE
SAN FRANCISCO CA 94108-5414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-1688163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME BUDE, JOANNE
STREET ADDRESS 77 MAIDEN LANE
CITY-ST-ZIP SAN FRANCISCO CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME MAGAT, REN
STREET ADDRESS 77 MAIDEN LANE
CITY-ST-ZIP SAN FRANCISCO CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME MOODY, GEORGE
STREET ADDRESS 77 MAIDEN LANE
CITY-ST-ZIP SAN FRANCISCO CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME HOFFMAN, JAMES
STREET ADDRESS 77 MAIDEN LANE
CITY-ST-ZIP SAN FRANCISCO CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME SOPKA, PETER
STREET ADDRESS 77 MAIDEN LANE
CITY-ST-ZIP SAN FRANCISCO CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME CRONE, KENNETH
STREET ADDRESS 77 MAIDEN LANE
CITY-ST-ZIP SAN FRANCISCO CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Peter Sopka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90211 026 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

2/28/00

415-788-0288