## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000001060

FILED Jul 22, 2004 Secretary of State

Entity Name: CONSUMER CREDIT COUNSELING SERVICE OF SAN FRANCISCO, INC.

**Current Principal Place of Business: New Principal Place of Business:** 150 POST STREET 5TH FLOOR SAN FRANCISCO, CA 94108 **Current Mailing Address: New Mailing Address:** 150 POST STREET 5TH FLOOR SAN FRANCISCO, CA 94108 FEI Number: 94-1688163 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BUDDE, JOANNE Name: Name: 150 POST ST. 5TH FLOOR Address: Address: City-St-Zip: SAN FRANCISCO, CA 94108 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete MAGAT, REN Name: GUTHART, DAWN Name: Address: 150 POST ST. 5TH FLOOR Address: 150 POST ST. 5TH FLOOR City-St-Zip: SAN FRANCISCO, CA 94108 City-St-Zip: SAN FRANCISCO, CA 94108 Title: () Delete Title: () Change () Addition MOODY, GEORGE Name: Name: Address: 150 POST ST. 5TH FLOOR Address: City-St-Zip: SAN FRANCISCO, CA 94108 City-St-Zip: Title: () Delete Title: () Change () Addition HOFFMAN, JAMES Name: Name: Address: 150 POST ST. 5TH FLOOR Address: City-St-Zip: SAN FRANCISCO, CA 94108 City-St-Zip: Title: CD () Delete Title: () Change () Addition CRONE, KENNETH Name: Name: 150 POST ST. 5TH FLOOR Address: Address: City-St-Zip: SAN FRANCISCO, CA 94108 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition JOLETTE, BARRY Name: Name: Address: Address: 150 POST STREET, 5TH FLOOR SAN FRANCISCO, CA 94108 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOANNE BUDDE P 07/22/2004

MELYSSA BARRETT, DIRECTOR 150 POST STREET, 5TH FLOOR SAN FRANCISCO, CA 94108

JAMES REDMOND, DIRECTOR 150 POST STREET, 5TH FLOOR SAN FRANCISCO, CA 94108

SUE FRITTS, DIRECTOR 150 POST STREET SAN FRANCISCO, CA 94108