2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007
Secretary of State

DOCUMENT# F99000001060

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

Current Principal Place of Business:

595 MARKET STREET
SUITE 1500
SAN FRANCISCO, CA 94105

New Principal Place of Business:

Current Mailing Address:

595 MARKET STREET
SUITE 1500
SAN FRANCISCO, CA 94105

New Mailing Address:

FEI Number: 94-1688163 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P ( ) Delete
Name: BUDDE, JOANNE
Address: 595 MARKET STREET, SUITE 1500
City-St-Zip: SAN FRANCISCO, CA 94105

Title: D ( ) Delete
Name: SUE, FRITTS
Address: 595 MARKET STREET, SUITE 1500
City-St-Zip: SAN FRANCISCO, CA 94105

Title: S ( ) Delete
Name: MOODY, GEORGE
Address: 201 THIRD STREET, SUITE 1200
City-St-Zip: SAN FRANCISCO, CA 94103

Title: T ( ) Delete
Name: HOFFMAN, JAMES
Address: 595 MARKET STREET, SUITE 1500
City-St-Zip: SAN FRANCISCO, CA 94105

Title: CD ( ) Delete
Name: CRONE, KENNETH
Address: 595 MARKET STREET, SUITE 1500
City-St-Zip: SAN FRANCISCO, CA 94105

Title: D ( ) Delete
Name: JOLETTE, BARRY
Address: 350 CONVENTION WAY
City-St-Zip: REDWOOD CITY, CA 94063

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: MOODY, GEORGE
Address: 595 MARKET STREET, SUITE 1500
City-St-Zip: SAN FRANCISCO, CA 94105

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOANNE BUDDE PRES 01/19/2007

Electronic Signature of Signing Officer or Director — Date