

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001060

FILED
Jan 04, 2010
Secretary of State

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
Name: BUDDE, JOANNE
Address: 595 MARKET STREET, SUITE 1500
City-St-Zip: SAN FRANCISCO, CA 94105

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

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

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

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

Title: D
Name: MURPHY, JOSEPH
Address: 595 MARKET STREET, SUITE 1500
City-St-Zip: SAN FRANCISCO, CA 94105

I hereby 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 all other like empowered.

SIGNATURE: JOANNE BUDDE

P

01/04/2010

Electronic Signature of Signing Officer or Director

Date