

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N93000001540

**Entity Name:** CONSOLIDATED CREDIT COUNSELING SERVICES, INC.

**Current Principal Place of Business:**

5701 WEST SUNRISE BLVD  
SUITE 200  
FORT LAUDERDALE, FL 33313

**Current Mailing Address:**

5701 WEST SUNRISE BLVD  
SUITE 200  
FORT LAUDERDALE, FL 33313 00

**FEI Number: 65-0401491**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HERMAN, GARY S  
5701 WEST SUNRISE BLVD  
STE 200  
FORT LAUDERDALE, FL 33313 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: GARY HERMAN**

**03/27/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            GARY, HERMAN  
Address        5701 WEST SUNRISE BLVD., SUITE  
                  200  
City-State-Zip: FT. LAUDERDALE FL 33313

Title            D  
Name            KALIN, WILLIAM  
Address        10000 COLEBROOK AVE  
City-State-Zip: POTOMAC MD 20854

Title            SCTY  
Name            LIBREA, ROMEO  
Address        5701 WEST SUNRISE BLVD  
City-State-Zip: FT. LAUDERDALE FL 33313

Title            DIRECTOR  
Name            SHERRY, JONATHAN  
Address        5701 W. SUNRISE BLVD  
City-State-Zip: FT. LAUDERDALE FL 33313

Title            D  
Name            DERNIS, MELANIE A  
Address        7295 SW 132ND STREET  
City-State-Zip: MIAMI FL 33156

Title            D  
Name            WIESEMAN, ANDREW S  
Address        7650 NW 47TH DRIVE  
City-State-Zip: CORAL SPRINGS FL 33067

Title            VP  
Name            SHER, HILTON  
Address        5701 WEST SUNRISE BLVD  
City-State-Zip: FT. LAUDERDALE FL 33313

Title            DIRECTOR  
Name            HOROWITZ, BRIAN  
Address        5701 WEST SUNRISE BLVD  
                  SUITE 200  
City-State-Zip: FORT LAUDERDALE FL 33313

**Continues on page 2**

*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: HILTON SHER**

**VP**

**03/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           CASERTA, MICHAEL  
Address        5701 WEST SUNRISE BLVD  
                SUITE 200  
City-State-Zip: FORT LAUDERDALE FL 33313