

2014 FLORIDA NOT FOR PROFIT CORPORATION 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

02/04/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name GARY, HERMAN
Address 5701 WEST SUNRISE BLVD., SUITE 200
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 KALIN, WILLIAM
Address 10000 COLEBROOK AVE
City-State-Zip: POTOMAC MD 20854

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

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

Title VP
Name SHER, HILTON
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

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

02/04/2014

Electronic Signature of Signing Officer/Director Detail

Date