

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003258

FILED
Jan 19, 2018
Secretary of State
CC2184022018

Entity Name: CONSUMER CREDIT COUNSELING SERVICE OF THE MIDWEST, INC.

Current Principal Place of Business:

690 TAYLOR RD., SUITE 110
GAHANNA, OH 43230

Current Mailing Address:

690 TAYLOR RD., SUITE 110
GAHANNA, OH 43230 US

FEI Number: 31-0731111

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Officer/Director Detail :

Title TREASURER, CFO
Name KALLAY, CHRISTOPHER
Address 690 TAYLOR RD., SUITE 110
City-State-Zip: GAHANNA OH 43230

Title PRESIDENT
Name CANTRELL, JOHNNY
Address 2265 HARRODSBURG RD STE 303
City-State-Zip: LEXINGTON KY 40504

Title DIRECTOR
Name HEYSE, FREDERICK
Address 3599 CALEDONIA CT
City-State-Zip: CINCINNATI OH 45245

Title DIRECTOR
Name HOLLAND RICH, TERESA
Address P.O. BOX 22520
City-State-Zip: YAKIMA WA 98902

Title DIRECTOR
Name MICHAEL, JAY
Address 729 FRONT ST.
City-State-Zip: COLUMBUS OH 43206

Title DIRECTOR
Name STEVE, WEIKER
Address 4215 WORTH AVE.
 STE 310
City-State-Zip: COLUMBUS OH 43219

Title SECRETARY
Name YODER, BRIAN
Address 690 TAYLOR RD., SUITE 110
City-State-Zip: GAHANNA OH 43230

Title DIRECTOR
Name CURTIS, JOSHUA
Address 230 WEST ST STE 700
City-State-Zip: COLUMBUS OH 43215

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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: BRIAN YODER

SECRETARY

01/19/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name HARDING, MICHAEL

Address 200 E CAMPUS VIEW BLVD STE 200

City-State-Zip: COLUMBUS OH 43235