

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003258

FILED
Mar 03, 2016
Secretary of State
CC4847209382

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

Current Principal Place of Business:

4500 EAST BROAD ST.
COLUMBUS, OH 43213

Current Mailing Address:

4500 EAST BROAD ST.
COLUMBUS, OH 43213

FEI Number: 31-0731111

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 PCEO
Name KAPPAS, MICHAEL
Address 6896 MARIGNY AVE.
City-State-Zip: NEW ALBANY OH 43054

Title CST
Name KALLAY, CHRISTOPHER
Address 5252 ST ANDREWS DR
City-State-Zip: WESTERVILLE OH 43082

Title V
Name CANTRELL, JOHNNY
Address 131 SHINNECOCK HILLS DR
City-State-Zip: GEORGETOWN KY 43024

Title DIRECTOR
Name BAILEY FRATER, MOREEN
Address 3001 EUCLID AVE.
City-State-Zip: CLEVELAND OH 44115

Title DIRECTOR
Name BAKER, THOMAS
Address 3628 ANTILLES DR.
City-State-Zip: LEXINGTON KY 40509

Title DIRECTOR
Name BELTER, RICHARD
Address 3425 MORSE CROSSING
City-State-Zip: COLUMBUS OH 43219

Title DIRECTOR
Name HEYSE, FREDERICK
Address 8524 ST. IVES PL.
City-State-Zip: CINCINNATI OH 45255

Title DIRECTOR
Name HILL, GEOFFREY
Address 225 PICTORIA DR.
STE. 700
City-State-Zip: CINCINNATI OH 45246

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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: CHRISTOPHER J. KALLAY

CFO

03/03/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name OSBORNE, MICHAEL
Address 1433 N. MERIDIAN ST., STE. 201
City-State-Zip: INDIANAPOLIS IN 46202

Title DIRECTOR
Name YOUNGS, PHILLIP
Address 2713 WEST 121 TERRACE
City-State-Zip: LEAWOOD KS 66209

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