

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003258

FILED
Mar 21, 2017
Secretary of State
CC0574746895

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:

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	V
Name	CANTRELL, JOHNNY
Address	131 SHINNECOCK HILLS DR
City-State-Zip:	GEORGETOWN KY 43024
Title	DIRECTOR
Name	BAKER, THOMAS
Address	3628 ANTILLES DR.
City-State-Zip:	LEXINGTON KY 40509
Title	DIRECTOR
Name	HEYSE, FREDERICK
Address	8524 ST. IVES PL.
City-State-Zip:	CINCINNATI OH 45255

Title	CST
Name	KALLAY, CHRISTOPHER
Address	5252 ST ANDREWS DR
City-State-Zip:	WESTERVILLE OH 43082
Title	DIRECTOR
Name	BAILEY FRATER, MOREEN
Address	3001 EUCLID AVE.
City-State-Zip:	CLEVELAND OH 44115
Title	DIRECTOR
Name	BELTER, RICHARD
Address	3425 MORSE CROSSING
City-State-Zip:	COLUMBUS OH 43219
Title	DIRECTOR
Name	HILL, GEOFFREY
Address	911 DORSET DR.
City-State-Zip:	BRENTWOOD TN 37027

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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

03/21/2017

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