2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2013
Secretary of State
CC7894538697

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Entity Name: CAMBRIDGE CREDIT COUNSELING CORP.

Current Principal Place of Business:

67 HUNT STREET
AGAWAM, MA 01001

Current Mailing Address:

67 HUNT STREET
AGAWAM, MA 01001

FEI Number: 04-3337726

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPPANY
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	CHRM, VP
Name	COLONNA, ALFRED HJR
Address	303 STEIGER DRIVE
City-State-Zip:	WESTFIELD MA 01085

Title	P
Name	VIALE, CHRISTOPHER
Address	15 BRIMFIELD WAY
City-State-Zip:	WESTFIELD MA 01085

Title	S
Name	GUAY, TRACY
Address	19 WELLFLEET DRIVE
City-State-Zip:	WEST SPRINGFIELD MA 01089

Title	T
Name	HEBERT, THOMAS
Address	4 STEEPLECHASE ROAD
City-State-Zip:	EAST WINDSOR CT 06088

Title	D
Name	REYNOLDS, LIAM
Address	15 GREENLEAF STREET
City-State-Zip:	SPRINGFIELD MA 01108-2042

Title	D
Name	O'KEEFE, DEAN
Address	80 CRANE NECK STREET
City-State-Zip:	WEST NEWBURY MA 01985-2121

Title	DIRECTOR
Name	CONNOR, JOHN ESQ.
Address	84 RIDGE ROAD
City-State-Zip:	E. LONGMEADOW MA 01028-1321

Title	DIRECTOR
Name	DLUGOENSKI, JOHN
Address	35 PINERIDGE DRIVE
City-State-Zip:	WESTFIELD MA 01085-4544

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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: TRACY GUAY SECRETARY 04/30/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KRAWCZYNSKI, JOHN
Address	36 CRYSTAL RIDGE DRIVE
City-State-Zip:	ELLINGTON CT 06029-3051

Title	DIRECTOR
Name	PIZZANELLI, SALVATORE CPA
Address	80 STONEHILL ROAD
City-State-Zip:	E. LONGMEADOW MA 01028-1367