

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000232

FILED
Mar 22, 2019
Secretary of State
1932730259CC**Entity Name:** CONSUMER CREDIT COUNSELING SERVICE OF ROCHESTER, INC.**Current Principal Place of Business:**1000 UNIVERSITY AVE STE 900
ROCHESTER, NY 14607-1286**Current Mailing Address:**1000 UNIVERSITY AVE STE 900
ROCHESTER, NY 14607-1286 US**FEI Number: 16-0972260****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR STE A
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	PRESIDENT
Name	PHILLIPS, STEVE
Address	54 RAHWAY LANE
City-State-Zip:	ROCHESTER NY 14606

Title	V
Name	SARESKY, EDWARD
Address	108 S UNION STREET
City-State-Zip:	ROCHESTER NY 14607

Title	TREASURER
Name	ALLENBRANDT, TERRY
Address	8 ALDEN GLENN DRIVE
City-State-Zip:	WEBSTER NY 14580

Title	D
Name	YOUNG, STEVE
Address	32 WOODCLIFF TERRACE
City-State-Zip:	FAIRPORT NY 14450

Title	CEO
Name	TRACY, JASON
Address	1000 UNIVERSITY AVE STE 900
City-State-Zip:	ROCHESTER NY 14607-1286

Title	SECRETARY
Name	CHRISTNER, JACK
Address	60 BRIDLEWOOD TRAIL
City-State-Zip:	ROCHESTER NY 14472

Title	DIRECTOR
Name	LASALLE, STEVE
Address	165 COURT STREET
City-State-Zip:	ROCHESTER NY 14647

Title	DIRECTOR
Name	BLAKE-DOWDLE, AMELIA
Address	1431 CREEK POINTE
City-State-Zip:	FARMINGTON NY 14425

Continues on page 2

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: JASON TRACY**CEO****03/22/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LOOMIS, LYNETTE
Address 2 SURREY HILL LANE
City-State-Zip: PITTSFORD NY 14534

Title DIRECTOR
Name DRAKE, LEE A.
Address 274 GOODMAN ST. N
A401
City-State-Zip: ROCHESTER NY 14607

Title DIRECTOR
Name MAHON, CHERRIE
Address 292 CHELMSFORD RD
City-State-Zip: ROCHESTER NY 14618

Title DIRECTOR
Name CAMPBELL, LOMAX R
Address 394 PARSELLS AVENUE
City-State-Zip: ROCHESTER NY 14609

Title DIRECTOR
Name TYLER, PHIL DR.
Address 205 VAN VOORHIS RD
City-State-Zip: PITTSFORD NY 14534

Title DIRECTOR
Name HAEGER, DONNA DR.
Address 9 ROSEWALK LANE
City-State-Zip: FAIRPORT NY 14450

Title DIRECTOR
Name DRAKE, LEE
Address 274 GOODMAN ST N
A401
City-State-Zip: ROCHESTER NY 14607

Title DIRECTOR
Name SCALIA, ANTHONY
Address 69 CASCADE DRIVE
#307
City-State-Zip: ROCHESTER NY 14614