

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000232

FILED
Mar 18, 2016
Secretary of State
CC3264797650**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	P
Name	PHILLIPS, STEVE
Address	1282 LONG POND ROAD STE 900
City-State-Zip:	ROCHESTER NY 14626

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

Title	T
Name	ALLENBRANDT, TERRY
Address	10 BENTON PALCE
City-State-Zip:	SODUS NY 14551

Title	S
Name	REYNOLDS, FRANKLYN
Address	89 EAST AVE
City-State-Zip:	ROCHESTER NY 14604

Title	D
Name	YOUNG, STEVE
Address	764 CROSS KEYS OFFICE PARK
City-State-Zip:	FAIRPORT NY 14450

Title	D
Name	ADAIR, DON
Address	290 LINDEN OAKS STE 220
City-State-Zip:	ROCHESTER NY 14625

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

Title	DIRECTOR
Name	CHRISTNER, JACK
Address	225 CHESTNUT STREET
City-State-Zip:	ROCHESTER NY 14604

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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: JASON TRACY**CEO****03/18/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name BROOKS, ROSILAND
Address 30 CHURCH STREET
ROOM 106A
City-State-Zip: ROCHESTER NY 14614-0270

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

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

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