

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000001060

**Entity Name:** CONSUMER CREDIT COUNSELING SERVICE OF SAN FRANCISCO, INC.**FILED**  
**Apr 18, 2017**  
**Secretary of State**  
**CC3223573278****Current Principal Place of Business:**1655 GRANT ST  
STE 1300  
CONCORD, CA 94520**Current Mailing Address:**1655 GRANT ST  
STE 1300  
CONCORD, CA 94520 US**FEI Number: 94-1688163****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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, CEO
Name	DAVIS, KATHRYN J
Address	1655 GRANT ST STE 1300
City-State-Zip:	CONCORD CA 94520

Title	DIRECTOR
Name	CROWN, KENNETH
Address	1655 GRANT ST STE 360
City-State-Zip:	CONCORD CA 94520

Title	SECRETARY
Name	NORWINE, JAMES
Address	961 MARCON BLVD STE 101
City-State-Zip:	ALLENTOWN PA 18101

Title	DIRECTOR
Name	DUNAWAY, JOANN
Address	2456 BLUE HERON LOOP
City-State-Zip:	LINCOLN CA 95648

Title	DIRECTOR
Name	BARRETT, MELYSSA
Address	901 METRO CENTER BLVD M3-4J
City-State-Zip:	FOSTER CITY CA 94404

Title	DIRECTOR
Name	BIRENBAUM, NANCY
Address	200 E. NORTH AVENUE
City-State-Zip:	BALTIMORE MD 21202

Title	TREASURER
Name	HOULE, BRAD
Address	2843 MANLOVE ROAD
City-State-Zip:	SACRAMENTO CA 95826

Title	VC
Name	DYKSTRA, DIANA
Address	2855 GUASTI ROAD STE 600
City-State-Zip:	ONTARIO 91761

**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: JAMES NORWINE****SECRETARY****04/18/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name COVERT, MICHAEL  
Address 12700 PARK CENTRAL DRIVE  
STE 1415  
City-State-Zip: DALLAS TX 75251

Title CHAIRMAN  
Name LAYMAN, THOMAS  
Address 147 17TH AVE  
STE A  
City-State-Zip: SAN MATEO CA 94402

Title DIRECTOR  
Name COFFIN, TRISTRAM  
Address 125 N. FULTON STREET  
City-State-Zip: ITHACA NY 14850

Title DIRECTOR  
Name REDMOND, JIM  
Address 1655 GRANT ST  
STE 1300  
City-State-Zip: CONCORD CA 94520