

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000002030 1. Entity Name AMERICAN CONSUMER CREDIT COUNSELING, INC.	
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Principal Place of Business 130 RUMFORD AVE. NEWTON, MA 02466	Mailing Address 130 RUMFORD AVE. NEWTON, MA 02466
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3166982	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

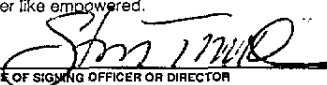
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTCD TRUMBLE, STEVEN 130 RUMFORD AVE NEWTON, MA 02466
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WEEKS, KEVIN 130 RUMFORD AVE. NEWTON, MA 02466
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CURRIE, JAMES W 55 MOODY STREET WALTHAM, MA 02453
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SERGI, JOHN 1290 MAIN STREET WALTHAM, MA 02453
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRADETTE, DON 4 PATRICIA DR GRAFTON, MA 01519
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOPEZ, KENNETH V 1671 WORCESTER RD FRAMINGHAM, MA 01701

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01/14/04-80008-024 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven Trumble  01/05/04 800-769-3571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #