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.

Principal Place of Business	Mailing Address
130 RUMFORD AVE. NEWTON, MA 02466	130 RUMFORD AVE. NEWTON, MA 02466

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

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

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01/14/04-80008-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #