

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003258

FILED
Mar 31, 2004
Secretary of State**Entity Name:** CONSUMER CREDIT COUNSELING SERVICE OF THE MIDWEST, INC.**Current Principal Place of Business:**4500 EAST BROAD ST.
COLUMBUS, OH 43213**New Principal Place of Business:****Current Mailing Address:**4500 EAST BROAD ST.
COLUMBUS, OH 43213**New Mailing Address:****FEI Number:** 31-0731111**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GARNER, PHIL
4491 SOUTH STATE RD. 7
DAVID, FL 33314 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: KAPPAS,
Address: 9935 OSPREY
City-St-Zip: THORNVILLE, OH 43076

Title: EVP () Delete
Name: SEATON, JAY
Address: 608 TREESIDE LANE
City-St-Zip: AVON LAKE, OH 44012

Title: CST () Delete
Name: ZEIER, JAMES
Address: 892 CHELSEA AVE.
City-St-Zip: BEXLEY, OH 43209

Title: V () Delete
Name: CALL, RICHARD L
Address: 7236 OAK LANE
City-St-Zip: HOLLAND, OH 43528

Title: V () Delete
Name: CANTRELL, JOHNNY
Address: P.O. BOX 77
City-St-Zip: MYRA, KY 41549

Title: V () Delete
Name: ERWIN, SUSAN L
Address: 140 NANTUCKET AVE.
City-St-Zip: PICKERINGTON, OH 43147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: KAPPAS, MICHAEL
Address: 9935 OSPREY
City-St-Zip: THORNVILLE, OH 43076

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES H. ZEIER

CST

03/31/2004

Electronic Signature of Signing Officer or Director

Date