## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000003258

FILED Jan 30, 2006 Secretary of State

Entity Name: CONSUMER CREDIT COUNSELING SERVICE OF THE MIDWEST, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4500 EAST BROAD ST. COLUMBUS, OH 43213 **Current Mailing Address: New Mailing Address:** 4500 EAST BROAD ST COLUMBUS, OH 43213 FEI Number: 31-0731111 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZUNZUNEGUI, JOSEPH 4491 SOUTH STATE RD. 7 DAVID, FL 33314 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete **PCEO** () Change () Addition KAPPAS, MICHAEL Name: Name: 9935 OSPREY Address: Address: City-St-Zip: THORNVILLE, OH 43076 City-St-Zip: Title: EVP Title: () Delete () Change () Addition SEATON, JAY Name: Name: Address: 608 TREESIDE LANE Address: City-St-Zip: AVON LAKE, OH 44012 City-St-Zip: Title: CST () Delete Title: CST (X) Change ( ) Addition ZEIER, JAMES ZEIER, JAMES Name: Name: Address: 892 CHELSEA AVE Address: 960 S. ROOSEVELT AVE City-St-Zip: BEXLEY, OH 43209 City-St-Zip: BEXLEY, OH 43209 Title: () Delete Title: (X) Change ( ) Addition Name: CALL, RICHARD L Name: CALL, RICHARD L Address: 7236 OAK LANE Address: 1215 DOBBINS City-St-Zip: HOLLAND, OH 43528 City-St-Zip: NEW ALBANY, OH 43054 Title: () Delete Title: (X) Change ( ) Addition CANTRELL, JOHNNY CANTRELL, JOHNNY Name: Name: P.O. BOX 77 131 SHINNECOCK HILLS DR Address: Address: City-St-Zip: MYRA, KY 41549 City-St-Zip: GEORGETOWN, KY 40324 Title: () Delete Title: () Change () Addition ERWIN, SUSAN L Name: Name: Address: 140 NANTUCKET AVE. Address: PICKERINGTON, OH 43147 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 01/30/2006