2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# F03000000633

Entity Name: ALLIANCE CREDIT COUNSELING, INC.

Current Principal Place of Business:

13777 BALLANTYNE CORPORATE PLACE
SUITE #100
CHARLOTTE, NC 282773433

New Principal Place of Business:

Current Mailing Address:

13777 BALLANTYNE CORPORATE PLACE
SUITE #100
CHARLOTTE, NC 282773433

New Mailing Address:

FEI Number: 56-2196261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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:	D	( ) Delete
Name:	TURNER, PAMELA R PH.D.	
Address:	THE U. OF GA, 231 HOKE SMITH ANNEX	
City-St-Zip:	ATHENS, GA 30602	
Title:	D	( ) Delete
Name:	COLBERT, DOUGLASS	
Address:	4002 BEAVERBROOK DRIVE	
City-St-Zip:	INDIAN TRAIL, NC 28079	
Title:	D	( ) Delete
Name:	OLIPHANT, CHARLES E	
Address:	6558 CROSSFIELD LANEY DRIVE	
City-St-Zip:	CHARLOTTE, NC 282772747	
Title:	D	( ) Delete
Name:	TOOMB, J. KEVIN	
Address:	13777 BALLANTYNE CORPORATE PLACE, #100	
City-St-Zip:	CHARLOTTE, NC 282773433	
Title:	P	( ) Delete
Name:	PORTER, KEVIN P	
Address:	4335 PIPER GLEN DRIVE	
City-St-Zip:	CHARLOTTE, NC 28277	
Title:	D	( ) Delete
Name:	HARDISON, CAROL	
Address:	13777 BALLANTYNE CORPORATE PLACE, #100	
City-St-Zip:	CHARLOTTE, NC 282773433	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
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 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: KEVIN PORTER P 04/13/2009

Electronic Signature of Signing Officer or Director — Date