

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90031 019 ****70.00

DOCUMENT # F04000004531

1. Entity Name
**CONSUMER CREDIT COUNSELING SERVICE OF
SOUTHERN NEW ENGLAND, INC.**



Principal Place of Business
**501 CENTERVILLE ROAD, 2ND FL
WARWICK, RI 02886**

Mailing Address
**501 CENTERVILLE ROAD, 2ND FL
WARWICK, RI 02886**



2. Principal Place of Business

3. Mailing Address

01162006 Chg-NP CR2E037 (11/05)

4. FEI Number
23-7230816

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **SHELDON, SCOT E**
STREET ADDRESS **9005 ORLEANS**
CITY-ST-ZIP **BEAUMONT, TX 77701**

TITLE **CEO** ☐ Delete
NAME **HAND, IVAN L**
STREET ADDRESS **9009 WEST LOOP SOUTH, 7TH FLOOR**
CITY-ST-ZIP **HOUSTON, TX 77096**

TITLE **T** ☐ Delete
NAME **JUENGEL, DAVID A**
STREET ADDRESS **9009 WEST LOOP SOUTH, 7TH FLOOR**
CITY-ST-ZIP **HOUSTON, TX 77096**

TITLE **S** ☐ Delete
NAME **LAW, JEAN L**
STREET ADDRESS **9009 WEST LOOP SOUTH, 7TH FLOOR**
CITY-ST-ZIP **HOUSTON, TX 77096**

TITLE **D** ☐ Delete
NAME **DEES, LESTER E**
STREET ADDRESS **8448 BLUEBONNET BLVD.**
CITY-ST-ZIP **BATON ROUGE, LA 70810**

TITLE **D** ☐ Delete
NAME **MONTFORT, FRANK W**
STREET ADDRESS **17903 CLOVER HILL**
CITY-ST-ZIP **HOUSTON, TX 77094**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **DeGise, Frank**
STREET ADDRESS **13600 Heritage Parkway**
CITY-ST-ZIP **Ft. Worth, TX 76177**

TITLE **D** ☐ Change ☒ Addition
NAME **Durnin, Doug**
STREET ADDRESS **6815 Florida Blvd**
CITY-ST-ZIP **Baton Rouge, LA 70806**

TITLE **D** ☐ Change ☒ Addition
NAME **McNeely, Stephen**
STREET ADDRESS **1235 S. Oakleaf Ave**
CITY-ST-ZIP **Pasadena, CA 91106**

TITLE **D** ☐ Change ☒ Addition
NAME **Statts, William**
STREET ADDRESS **8761 Summa Dr, Ste D**
CITY-ST-ZIP **Baton Rouge, LA 70809**

TITLE **D** ☐ Change ☒ Addition
NAME **Warner, Joseph P.**
STREET ADDRESS **766 Walker Rd, Ste A**
CITY-ST-ZIP **Great Falls, VA 22066**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jean L Law* **Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/06

Date

713-394-3139

Daytime Phone #