

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004531

FILED
Jan 08, 2008
Secretary of State

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

Current Principal Place of Business:

8 WINTER STREET
7TH FLOOR
BOSTON, MA 02108

New Principal Place of Business:

Current Mailing Address:

8 WINTER STREET
7TH FLOOR
BOSTON, MA 02108

New Mailing Address:

FEI Number: 23-7230816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: C () Delete
Name: SHELDON, SCOT E
Address: 9005 ORLEANS
City-St-Zip: BEAUMONT, TX 77701

Title: CEO () Delete
Name: HAND, IVAN L
Address: 9009 WEST LOOP SOUTH, 7TH FLOOR
City-St-Zip: HOUSTON, TX 77096

Title: T () Delete
Name: JUENGEL, DAVID A
Address: 9009 WEST LOOP SOUTH, 7TH FLOOR
City-St-Zip: HOUSTON, TX 77096

Title: S () Delete
Name: LAW, JEAN L
Address: 9009 WEST LOOP SOUTH, 7TH FLOOR
City-St-Zip: HOUSTON, TX 77096

Title: D () Delete
Name: DEES, LESTER E
Address: 8448 BLUEBONNET BLVD.
City-St-Zip: BATON ROUGE, LA 70810

Title: D () Delete
Name: MONTFORT, FRANK W
Address: 17903 CLOVER HILL
City-St-Zip: HOUSTON, TX 77094

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
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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 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: JEAN L. LAW

S

01/08/2008

Electronic Signature of Signing Officer or Director

Date