

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004531

FILED  
Jan 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

9009 W LOOP SOUTH 7TH FL  
HOUSTON, TX 77096

**New Principal Place of Business:**

8 WINTER STREET  
7TH FLOOR  
BOSTON, MA 02108

**Current Mailing Address:**

9009 W LOOP SOUTH 7TH FL  
HOUSTON, TX 77096

**New Mailing Address:**

**FEI Number:** 23-7230816      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR STE 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: 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: C (X) Change ( ) Addition  
Name: SHELDON, SCOT E  
Address: 905 ORLEANS  
City-St-Zip: BEAUMONT, TX 77701

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: JEAN L. LAW

SEC

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date