

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005824

FILED
Apr 01, 2008
Secretary of State

Entity Name: CRICKET DEBT COUNSELING INC.

Current Principal Place of Business:

10121 SE SUNNYSIDE ROAD
SUITE 300
CLACKAMAS, OR 97015

New Principal Place of Business:

Current Mailing Address:

10121 SE SUNNYSIDE ROAD
SUITE 300
CLACKAMAS, OR 97015

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

MRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

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: XONDA DIVEN, ASSISTANT SECRETARY

04/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: TRIBE, DEBI L
Address: P.O. BOX 403
City-St-Zip: CORBETT, OR 97019

Title: PRES () Delete
Name: PETSHOW, JOHN
Address: 10121 SE SUNNYSIDE RD. #300
City-St-Zip: CLACKAMAS, OR 97015

Title: P () Delete
Name: COX, DANIEL
Address: 1450 VILLAGE ST.
City-St-Zip: FAIRVIEW, OR 97024

Title: S () Delete
Name: BEBER, GREG
Address: 1719 SE 38TH AVNUE
City-St-Zip: PORTLAND, OR 97214

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIRE (X) Change () Addition
Name: TRIBE, DEBI L
Address: P.O. BOX 403
City-St-Zip: CORBETT, OR 97019

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIRE (X) Change () Addition
Name: COX, DANIEL
Address: 1450 VILLAGE ST.
City-St-Zip: FAIRVIEW, OR 97024

Title: SEC (X) Change () Addition
Name: BEBER, GREG
Address: 1719 SE 38TH AVNUE
City-St-Zip: PORTLAND, OR 97214

Title: DIRE () Change (X) Addition
Name: OLSON, JEFF
Address: 4500 KRUSE WAY #100
City-St-Zip: LAKE OSWEGO, OR 97035

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: JOHN PETSHOW

PRES

04/01/2008

Electronic Signature of Signing Officer or Director

Date