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: (850)617-6381

From:

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Account Number : I20050000052 Phone : (302)531-0855 Fax Number : (850)656-7953

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## FOREIGN PROFIT/NONPROFIT CORPORATION

Consumer Credit Counseling Service of Rochester, Inc

Certificate of Status	0
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# APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1,		Consumer C	<u>redit C</u> ounse	eling Se	rvice o	f Rochest	ter, Ih	C.	
	(Name of corpor	ration: must include the ge as will clearly indicaresent. "Company" or "C	word "INCORPORA	ATED" or "	CORPOR	ATION" or wo	ords or al	bbreviations of li	ke
- !	unport in Jangun in the name at M	ige as will clearly indica: resent "Company" or "C	te that it is a corpora	tion instead	i of a natu	ral person or p	artnershi	ip if not so contai	ned
									-
2.		New York  try under the law of whi		3.		16-097	2260		<del>[=</del> = -]
	(State or coun	itry under the law of wh	ch it is incorporated	i)	(FE	I number, if a	pplicable	e)	2>
4.		February 26, 197	<b>'</b> 0	5.		Perpe	tual		mayor ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
	(D	ate of Incorporation)		(Dura	tion: Year	corp. will cea	se to exis	st or "perpetual")	-0;:::: .
6.		ncted affairs in Florida if y							
	(Date first couch	icted affairs in Florida if j	orier to registration, 3	ee sections	017.1501 d	& 617.J302, F.	S. in dete	rmine penalty lial	ili(y)
							- 1		<b>37</b>
			(Principa	al office add	iress)		1245		: [[ 1
		455544							
		1000 University	Avenue, Suite	900, Ro	chester,	NY 14607	-1286		
			Сите	nt mailing a	aaress)				
8.	Credit Cou	inseling, Budget/Finan	icial Counseling/E	ducation, h	lousing C	ounseling, B	ankrubt	cv Counselina	
	(Purpose(s) of c	orporation authorized in	home state or coun	try to be ca	rned out it	the state of F	lorida		
9.	Name and stre	et address of Florida 1	egistered agent: (I	P.O. Box N	<u>iOT</u> acce	ptable)			
		Incorporating Ser	nrices I td						
	Name:	· · · · · · · · · · · · · · · · · · ·							
	1 10230	<u> </u>							
<sub>ር</sub>	ffice Address:	1540 Glenway Dr	ive						
٠.				<del></del>					
	_	Tallahassee		, Flor	ida	32301			
			(City)			(Zij	Code)	_	
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)) 17.	U. Kegistered	agent's acceptance:	nd and to account a			- 44 B	ا		
de.	aving iteen na esionated in th	med as registered age is application, I hereb	ns unu to uccept si w accept the anno	ervice oj pi intmant as	rocess joi rocess joi	r tite apove si ed apont and	narea dos	rporanon at the	e piace acita - I
fu	rther agree to	contoly with the provi	isions of all statut	at raintiuu	to the are	aner and can	plete pe	erformance of )	ny duties,
an	id I am familia	r with and accept the	obligations of my	position a	is registet	red agent.	· [		•
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11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:  A. DIRECTORS  Chairman: (See attached)  Address:  Director:  Address:  Director:  Address:  Director:  Address:  Vice President: (See attached)  Address:  Vice President: (See attached)  Address:  NOTE: If necessary, you may attach an addesshum to the application listing additional officers and/or directors.  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)			
A. DIRECTORS  Chairman: (See attached)  Address:  Vice Chairman:  Address:  Director:  Address:  Director:  Address:  Vice President:  Address:  Vice President:  Address:  NOTE: If necessary, you may stack an addressman, or any officer listed in number 12 of the application)		'	•
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Chairman: (See attached)  Address:  Vice Chairman: Address:  Director: Address:  Director: Address:  Vice President: (See attached)  Address:  Vice President: (See attached)  Address:  Vice President: Address:  NOTE: If necessary, you may stack an addet@unt to the application listing additional officers and/or directors.	12. Names and addresses of officers and/or directors:	,	~~
Chairman: (See attached)  Address:  Director: Address:  Director: Address:  B. OFFICERS  President: (See attached)  Address:  Vice President: (See attached)  Address:  Vice President: Address:  NOTE: If necessary, you may strach an adde@hum to the application listing additional officers and/or directors.  13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	A. DIRECTORS	المارية الماريخ الماريخ	
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Address:  Director: Address:  Director: Address:  Director: Address:  B. OFFICERS  President: (See attached)  Address:  Vice President: Address:  Secretory: Address:  NOTE: If necessary, you may apach an addeddum to the application listing additional officers and/or directors.	Chairman: (See attached)		
Vice Chairman:  Address:  Director:  Address:  B. OFFICERS  President: (See attached)  Address:  Vice President:  Address:  Treasure:  Address:  NOTE: If necessary, you may stach an addeditum to the application listing additional officers and/or directors.	Address:		
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Address:  Director: Address:  Director: Address:  B. OFFICERS  President: (See attached)  Address:  Vice President: Address:  Secretary: Address:  Treasuru: Address:  Treasuru: Address:  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	Vice Chairman:		
Director: Address:  Director: Address:  B. OFFICERS  President: (See attached)  Address:  Vice President: Address:  Secretary: Address:  Treasure: Address:  NOTE: If necessary, you may pisch an addeditum to the application listing additional officers and/or directors.  ###################################			
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Vice President:  Address:  Secretary:  Address:  Treasurer:  Address:  NOTE: If necessary, you may attach an addefidum to the application listing additional officers and/or directors.  13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		1	•
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(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	the contract of		
Steve Phillips, President	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the a	pplication)	
(Typed or printed name and capacity of person signing application)	14. Steve Phillips, President		



1000 University Avenue, Suite 900, Rochester, NY 14607 Phone: (585) 546-3440 Fax: (585) 546-5693

> E-mail: \_cccsinfo@cccsroch.org Web: www.cccsofrochester.org

#### Board of Directors

#### Officers:

President: Steve Phillips 1282 Long Pond Road Rochester, NY 14626

Vice President: Edward Saresky 108 S. Union Street Rochester, NY14607

Treasurer: Terry Allenbrandt 10 Benton Place Sodus, NY 14551

Secretary: Franklyn Reynolds 89 East Avenue Rochester, NY 14604

Linda Howland, CEO 1000 University Avenue, Suite 900 Rochester, NY 14607-1286

### Directors

Don Adair 290 Linden Oaks, Suite 220 Rochester, NY 14625

Jack Christner 100 Kings Highway South Rochester, NY 14617

Steve Young 764 Cross Keys Office Park Pairport, NY 14450

Andy Vergo 246 Parkview Drive Rochester, NY 14625

Matt Mitchell 108 S. Union Street Rochester, NY 14607

Amelia Blake-Dowdle 90 Linden Oaks Rochester, NY 14625

Lomax Campbell 125 Tech Park Drive Rochester, NY 14623

Monica Guardino 50 Prince Street Rochester, NY 14607





CCCS of Rochester, Inc. is licensed by the NYS Department of Banking



I hereby certify, that the Certificate of Incorporation of CONSUMER CREDIT COUNSELING SERVICE OF ROCHESTER, INC. was filed on 02/26/1970, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Certificate of Amendment was filed on 06/20/1973.

A Certificate of Merger was filed on 04/15/2009.

I further certify, that no other documents have been filed by such Corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 06th day of December two thousand and ten.

Daniel Shapiro

First Deputy Secretary of State

SECONTINATOR NATE

SECONTINATOR STATE

TALLARYSSIC, FLORIDA

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