

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001889

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** AMERICAN CREDIT COUNSELING SERVICE, INC. OF MA.

**Current Principal Place of Business:**

4 TAUNTON STREET  
SUITE 5  
PLAINVILLE, MA 02762

**New Principal Place of Business:**

**Current Mailing Address:**

4 TAUNTON STREET  
SUITE 5  
PLAINVILLE, MA 02762

**New Mailing Address:**

**FEI Number:** 04-3155735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

TERZIEFF, LINDA L  
4881 BRIDGE ROAD  
PORT SAINT JOHN, FL 32927 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: DPT ( ) Delete  
Name: EDGAR, MICHAEL L  
Address: 393 RICHARDSON AVE  
City-St-Zip: ATTLEBORO, MA 02703

Title: VDS ( ) Delete  
Name: HIGGINS, MARK A  
Address: 28 VILLA WAY  
City-St-Zip: NORTH ATTLEBORO, MA 02760

Title: D ( ) Delete  
Name: CURREN, MOLLY  
Address: 275 HIGH STREET  
City-St-Zip: NORTH ATTLEBORO, MA 02760 US

Title: D ( ) Delete  
Name: MCCUE, MICHAEL W  
Address: 475 WILLIAMS STREET  
City-St-Zip: MANSFIELD, MA 02048 US

Title: D ( ) Delete  
Name: STOLWORTHY, MARK B  
Address: 44 ROBERT BATCHELDER ROAD  
City-St-Zip: ATTLEBORO FALLS, MA 02763 US

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

**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  
Name:  
Address:  
City-St-Zip:

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

Title: D ( ) Change (X) Addition  
Name: PARKER, MELISSA L  
Address: 543 STEERE FARM ROAD  
City-St-Zip: HARRISVILLE, RI 02830 US

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: MICHAEL L EDGAR

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date