


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90013 015 \*\*\*\*70.00

|  |   |
|--|---|
| <b>DOCUMENT # F98000006557</b>                                     |  |
| 1. Entity Name<br><b>NATIONAL CREDIT COUNSELING SERVICES, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>1768 PARK CENTER DRIVE<br/>SUITE 400<br/>ORLANDO, FL 32835 US</b> | Mailing Address<br><b>1768 PARK CENTER DRIVE<br/>SUITE 400<br/>ORLANDO, FL 32835 US</b> |
|---|---|

**94027836**



|   |   |
|---|---|
| 2. Principal Place of Business<br><b>2101 Park Center Drive</b> | 3. Mailing Address<br><b>2101 Park Center Drive</b> |
| Suite, Apt. #, etc.<br><b>Suite 300</b>                         | Suite, Apt. #, etc.<br><b>Suite 300</b>             |
| City & State<br><b>Orlando, FL</b>                              | City & State<br><b>Orlando, FL</b>                  |
| Zip<br><b>32835</b>   | Country<br><b>US</b>                                |

02122004 Chg-NP CR2E037 (10/03)

|   |  |  |
|---|--|--|
| 4. FEI Number<br><b>52-1799746</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                |  |  |
| 6. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>CLOSS, ROBERT W JR<br>1768 PARK CENTER DRIVE STE 400<br>ORLANDO, FL 32835 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2101 Park Center Drive, Suite 300<br>Orlando, FL 32835 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>MASICK, CHARLES S<br>1768 PARK CENTER DR., SUITE 400<br>ORLANDO, FL 32835 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2101 Park Center Drive, Suite 300<br>Orlando, FL 32835 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VCT<br>BARRETT, ROBERT J<br>1768 PARK CENTER DR., SUITE 400<br>ORLANDO, FL 32835 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2101 Park Center Drive, Suite 300<br>Orlando, FL 32835 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>MONEY, ETTA W<br>1768 PARK CENTER DR., SUITE 400<br>ORLANDO, FL 32835 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2101 Park Center Drive, Suite 300<br>Orlando, FL 32835 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | *** PLEASE SEE ATTACHED<br>LIST OF ALL OFFICERS<br>AND TRUSTEES <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Robert W. Closs, Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert W. Closs, Jr.*

Date

**407-291-7770**

Daytime Phone #

# Attachment

## Officers of National Credit Counseling Services, Inc.:

# F 98000006557

Robert W. Closs, Jr., President  
National Credit Counseling Services, Inc.  
2101 Park Center Drive, Suite 300  
Orlando, Florida 32835

Charles S. Masick, Secretary/Treasurer  
National Credit Counseling Services, Inc.  
2101 Park Center Drive, Suite 300  
Orlando, Florida 32835

## Board of Trustees of National Credit Counseling Services, Inc.

Robert J. Barrett, Chairman  
National Credit Counseling Services, Inc.  
2101 Park Center Drive, Suite 300  
Orlando, Florida 32835

Etta Wagner Money  
National Credit Counseling Services, Inc.  
2101 Park Center Drive, Suite 300  
Orlando, Florida 32835

Lonnie M. Ritzer, Esquire  
Shapiro, Sher & Guinot  
36 South Charles Street, Suite 2000  
Baltimore, Maryland 21201-3147

James E. Harris  
National Credit Counseling Services, Inc.  
2101 Park Center Drive, Suite 300  
Orlando, Florida 32835