2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# N10000004427

Entity Name: NATIONAL ASSOCIATION OF CERTIFIED CREDIT COUNSELORS CORPORATION

Current Principal Place of Business:

209 SIXTH AVENUE
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

209 SIXTH AVENUE
INDIALANTIC, FL 32903

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:

AIELLO, HEATHER C
209 SIXTH AVENUE
INDIALANTIC, FL 32903 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: D
Name: AIELLO, HEATHER C
Address: 205 SIXTH AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: D
Name: LYMAN, ARTHUR R IV
Address: 6188 GEORGETOWN ROAD
City-St-Zip: BROAD RUN, VA 20137

Title: D
Name: LOCKSHINE, ERIC
Address: 1600 BRIDGEPORT CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D
Name: MONNOT, MATTHEW
Address: 1330 A VERSAILLES
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D
Name: EVANS, AMANDA
Address: 205 SIXTH AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: D
Name: PETRILLO, KATHY
Address: 328 LEEWARD DRIVE
City-St-Zip: JUPITER, FL 34997

I hereby 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 all other like empowered.

SIGNATURE: HEATHER C. AIELLO D 04/29/2011
Electronic Signature of Signing Officer or Director — Date