

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001540

FILED  
Jul 06, 2004  
Secretary of State

Entity Name: CONSOLIDATED CREDIT COUNSELING SERVICES, INC.

**Current Principal Place of Business:**

5701 WEST SUNRISE BLVD  
SUITE 200  
FORT LAUDERDALE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

5701 WEST SUNRISE BLVD  
SUITE 200  
FORT LAUDERDALE, FL 33313

**New Mailing Address:**

FEI Number: 65-0401491

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DVORKIN, HOWARD S  
5701 WEST SUNRISE BLVD  
STE 200  
FORT LAUDERDALE, FL 33313 US

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

HERMAN, GARY  
5701 WEST SUNRISE BLVD  
STE 200  
FORT LAUDERDALE, FL 33313 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: GARY HERMAN

07/06/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DVORKIN, HOWARD S  
Address: 7809 GALLEON COURT  
City-St-Zip: PARKLAND, FL 33067

Title: D ( ) Delete  
Name: DERNIS, MELANIE A  
Address: 7295 SW 132ND STREET  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: KALIN, WILLIAM  
Address: 10000 COLEBROOK AVE  
City-St-Zip: POTOMAC, MD 20854

Title: D ( ) Delete  
Name: WIEMAN, ANDREW S.  
Address: 7650 NW 47TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete  
Name: HENDERS, EDYTHE  
Address: 11509 GILSAN STREET  
City-St-Zip: SILVER SPRING, MD 20902

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GARY, HERMAN  
Address: 5701 WEST SUNRISE BLVD., SUITE 200  
City-St-Zip: FT. LAUDERDALE, FL 33067

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARY HERMAN

P

07/06/2004

Electronic Signature of Signing Officer or Director

Date