

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005824

Entity Name: CRICKET DEBT COUNSELING INC.**Current Principal Place of Business:**219 SW STARK STREET
SUITE 200
PORTLAND, OR 97204**Current Mailing Address:**219 SW STARK STREET
SUITE 200
PORTLAND, OR 97204 US**FEI Number:** 87-0745111**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BRECHBILL, JOANN
Address 219 SW STARK STREET
SUITE 200
City-State-Zip: PORTLAND OR 97204

Title DIRECTOR
Name SUNDERLAND, JIM
Address 219 SW STARK STREET
SUITE 200
City-State-Zip: PORTLAND OR 97204

Title DIRECTOR
Name WIDMAN, ERICK
Address 851 SW 6TH AVENUE
SUITE 1375
City-State-Zip: PORTLAND OR 97204

Title PRESIDENT, DIRECTOR
Name PETSHOW, JOHN M.
Address 10121 SE SUNNYSIDE RD. #300
City-State-Zip: CLACKAMAS OR 97015

Title DIRECTOR, SECRETARY
Name GOIKE, DAVID
Address 219 SW STARK STREET
SUITE 200
City-State-Zip: PORTLAND OR 97204

Title DIRECTOR
Name SOMMERFELD, PETE
Address 7800 SW 71ST
City-State-Zip: PORTLAND OR 97223

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: JOHN M. PETSHOW

PRESIDENT

04/20/2017

Electronic Signature of Signing Officer/Director Detail

Date