

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000232

FILED
Mar 22, 2019
Secretary of State
1932730259CC

Entity Name: CONSUMER CREDIT COUNSELING SERVICE OF ROCHESTER, INC.

Current Principal Place of Business:

1000 UNIVERSITY AVE STE 900
ROCHESTER, NY 14607-1286

Current Mailing Address:

1000 UNIVERSITY AVE STE 900
ROCHESTER, NY 14607-1286 US

FEI Number: 16-0972260

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR STE A
TALLAHASSEE, FL 32301 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 PRESIDENT
Name PHILLIPS, STEVE
Address 54 RAHWAY LANE
City-State-Zip: ROCHESTER NY 14606

Title V
Name SARESKY, EDWARD
Address 108 S UNION STREET
City-State-Zip: ROCHESTER NY 14607

Title TREASURER
Name ALLENBRANDT, TERRY
Address 8 ALDEN GLENN DRIVE
City-State-Zip: WEBSTER NY 14580

Title D
Name YOUNG, STEVE
Address 32 WOODCLIFF TERRACE
City-State-Zip: FAIRPORT NY 14450

Title CEO
Name TRACY, JASON
Address 1000 UNIVERSITY AVE STE 900
City-State-Zip: ROCHESTER NY 14607-1286

Title SECRETARY
Name CHRISTNER, JACK
Address 60 BRIDLEWOOD TRAIL
City-State-Zip: ROCHESTER NY 14472

Title DIRECTOR
Name LASALLE, STEVE
Address 165 COURT STREET
City-State-Zip: ROCHESTER NY 14647

Title DIRECTOR
Name BLAKE-DOWDLE, AMELIA
Address 1431 CREEK POINTE
City-State-Zip: FARMINGTON NY 14425

Continues on page 2

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: JASON TRACY

CEO

03/22/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LOOMIS, LYNETTE
Address 2 SURREY HILL LANE
City-State-Zip: PITTSFORD NY 14534

Title DIRECTOR
Name DRAKE, LEE A.
Address 274 GOODMAN ST. N
A401
City-State-Zip: ROCHESTER NY 14607

Title DIRECTOR
Name MAHON, CHERRIE
Address 292 CHELMSFORD RD
City-State-Zip: ROCHESTER NY 14618

Title DIRECTOR
Name CAMPBELL, LOMAX R
Address 394 PARSELLS AVENUE
City-State-Zip: ROCHESTER NY 14609

Title DIRECTOR
Name TYLER, PHIL DR.
Address 205 VAN VOORHIS RD
City-State-Zip: PITTSFORD NY 14534

Title DIRECTOR
Name HAEGER, DONNA DR.
Address 9 ROSEWALK LANE
City-State-Zip: FAIRPORT NY 14450

Title DIRECTOR
Name DRAKE, LEE
Address 274 GOODMAN ST N
A401
City-State-Zip: ROCHESTER NY 14607

Title DIRECTOR
Name SCALIA, ANTHONY
Address 69 CASCADE DRIVE
#307
City-State-Zip: ROCHESTER NY 14614