

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000232

**FILED**  
**Feb 06, 2018**  
**Secretary of State**  
**CC2608518488**

**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 P  
Name PHILLIPS, STEVE  
Address 1282 LONG POND ROAD STE 900  
City-State-Zip: ROCHESTER NY 14626

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

Title T  
Name ALLENBRANDT, TERRY  
Address 10 BENTON PALCE  
City-State-Zip: SODUS NY 14551

Title S  
Name REYNOLDS, FRANKLYN  
Address 89 EAST AVE  
City-State-Zip: ROCHESTER NY 14604

Title D  
Name YOUNG, STEVE  
Address 764 CROSS KEYS OFFICE PARK  
City-State-Zip: FAIRPORT NY 14450

Title D  
Name ADAIR, DON  
Address 290 LINDEN OAKS STE 220  
City-State-Zip: ROCHESTER NY 14625

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

Title DIRECTOR  
Name CHRISTNER, JACK  
Address 225 CHESTNUT STREET  
City-State-Zip: ROCHESTER NY 14604

**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**

**02/06/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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 DISALVO, SAMUEL C CPA, JD  
Address 100 MERIDIAN CENTRE  
SUITE 310  
City-State-Zip: ROCHESTER NY 14618

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

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