

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000232

**FILED**  
**Mar 11, 2021**  
**Secretary of State**  
**0289071877CC**

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

**Current Principal Place of Business:**

1050 UNIVERSITY AVE STE A  
ROCHESTER, NY 14607-1286

**Current Mailing Address:**

1050 UNIVERSITY AVE STE A  
ROCHESTER, NY 14607-1286 US

**FEI Number: 16-0972260**

**Certificate of Status Desired: Yes**

**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**

**03/11/2021**

\_\_\_\_\_  
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 SCALIA, ANTHONY  
Address 69 CASCADE DRIVE  
#307  
City-State-Zip: ROCHESTER NY 14614

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