2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2016
Secretary of State
CC1611565967

DOCUMENT# F02000002030

Entity Name: AMERICAN CONSUMER CREDIT COUNSELING, INC.

Current Principal Place of Business:

130 RUMFORD AVE.
SUITE 202
AUBURNDALE, MA 02466

Current Mailing Address:

130 RUMFORD AVE.
SUITE 202
AUBURNDALE, MA 02466

FEI Number: 04-3166982

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DRIVE
SUITE 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	TRUMBLE, STEVEN
Address	130 RUMFORD AVE
City-State-Zip:	AUBURNDALE MA 02466

Title	DIRECTOR
Name	CURRIE, JAMES W
Address	230 SECOND AVE
City-State-Zip:	WALTHAM MA 02451

Title	DIRECTOR
Name	FRADETTE, DON
Address	100 FALLON ROAD
City-State-Zip:	STONEHAM MA 02180

Title	DIRECTOR
Name	QUINN, FRANCES
Address	345 TURNPIKE STREET
City-State-Zip:	NORTH ANDOVER MA 01845

Title	VP
Name	DONNA, CONLEY
Address	130 RUMFORD AVE.
City-State-Zip:	AUBURNDALE MA 02466

Title	DIRECTOR
Name	SERGI, JOHN
Address	1793 MASSACHUSETTS AVE
City-State-Zip:	LEXINGTON MA 02420

Title	DIRECTOR
Name	LOPEZ, KENNETH V
Address	60 WALNUT STREET
City-State-Zip:	WELLESLEY MA 02481

Title	DIRECTOR
Name	OSGANIAN, PAUL
Address	1163 MAIN STREET, STE 4-1
City-State-Zip:	WALTHAM MA 02451

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN TRUMBLE PRESIDENT 04/13/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	STASIO, JOSEPH
Address	315 TURNKPIKE STREET
City-State-Zip:	NORTH ANDOVER MA 01845

Title	DIRECTOR
Name	SILVA, MICHAEL
Address	130 LIZOTTE DRIVE
City-State-Zip:	MARLBOROUGH MA 01752