

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004660

Entity Name: GARDEN STATE CONSUMER CREDIT COUNSELING, INC.

Current Principal Place of Business:

200 U.S. HIGHWAY 9
MANALAPAN, NJ 07726

Current Mailing Address:

200 U.S. HIGHWAY 9
MANALAPAN, NJ 07726 US

FEI Number: 22-3120920

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 C
Name KATSAMAKIS, BASIL
Address 144-17 27 AVENUE
City-State-Zip: FLUSHING NY 11354

Title DP
Name GREENBERG, JOEL
Address 1530 PALISADE AVENUE, #22N
City-State-Zip: FORT LEE NJ 07024

Title D
Name JENNINGS, LOUIS
Address 1836 POST OAK TRAIL
City-State-Zip: RESTON VA 20191

Title S
Name FELDMAN, JILL
Address 200 U.S. HIGHWAY 9
City-State-Zip: MANALAPAN NJ 07726

Title T
Name SULER, TODD
Address 200 U.S. HIGHWAY 9
City-State-Zip: MANALAPAN NJ 07726

Title D
Name FIGART, DEBORAH PH.D.
Address 2 SOUTH SURREY AVENUE
City-State-Zip: VENTNOR NJ 08406

Title D
Name GODFREY, DENNIS
Address 38395 SNICKERSVILLE TURNPIKE
City-State-Zip: MIDDLEBURG VA 20117

Title D
Name LAWRENCE, WILLIAM
Address 44 HILLANDALE ROAD
City-State-Zip: RYE BROOK NY 10573

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: JILL FELDMAN

SECRETARY

04/14/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name HALE, RICHARD
Address AVALON AT CENTER PLACE
50 PARK ROW WEST APT 328
City-State-Zip: PROVIDENCE RI 02903

Title D
Name PITOCCO, DENNIS
Address 4834 SKY BLUE DRIVE
City-State-Zip: LUTZ FL 33558-8058

Title D
Name NOONAN , MARGARETTA
Address 116 SHORE ROAD
City-State-Zip: WESTERLY RI 02891

Title D
Name ROSE, GRAHAM
Address 100 LINKS OF LEITH
City-State-Zip: WILLIAMSBURG VA 23188

Title D
Name DEFRANK , DONNA
Address 195 NORTH HARBOR DRIVE, #1103
City-State-Zip: CHICAGO IL 60601

Title D
Name CRANE, JUSTIN
Address 3539 CAMINITO EL RINCON, UNIT 244
City-State-Zip: SAN DIEGO CA 92130