2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004660

Entity Name: GARDEN STATE CONSUMER CREDIT COUNSELING, INC.

FILED
Mar 28, 2017
Secretary of State
CC0930553816

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:

PHILADELPHIA PA 19130

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title C Title DP

Name KATSAMAKIS, BASIL Name GREENBERG, JOEL

Address 144-17 27 AVENUE Address 1530 PALISADE AVENUE, #22N

City-State-Zip: FLUSHING NY 11354 City-State-Zip: FORT LEE NJ 07024

Title S Title T

Name FELDMAN, JILL Name SULER, TODD

Address 200 U.S. HIGHWAY 9 Address 200 U.S. HIGHWAY 9

City-State-Zip: MANALAPAN NJ 07726 City-State-Zip: MANALAPAN NJ 07726

Title D Title C

Name FIGART, DEBORAH PH.D. Name NOONAN, MARGARETTA

Address 2001 HAMILTON STREET Address 116 SHORE ROAD

APT 808 City-State-Zip:

Title DIRECTOR

Name LOPEZ, ROY
Name GODFREY, DENNIS

Address 38395 SNICKERSVILLE PIKE Address 6258 VELASCO AVENUE City-State-Zip: DALLAS TX 75214

City-State-Zip: PHILOMONT VT 20131

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WESTERLY RI 02891

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 03/28/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name LAWRENCE, WILLIAM Name ROSE, GRAHAM
Address 44 HILLANDALE ROAD Address 100 LINKS OF LEITH

City-State-Zip: RYE BROOK NY 10573 City-State-Zip: WILLIAMSBURG VA 23188

Title DIRECTOR Title DIRECTOR

Name PITOCCO, DENNIS Name DEFRANK, DONNA

Address 4834 SKY BLUE DRIVE Address 195 NORTH HARBOR DRIVE

#1003

City-State-Zip: LUTZ FL 33558-8058 City-State-Zip: CHICAGO IL 60601