

**2021 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

**FILED**  
**Apr 12, 2021**  
**Secretary of State**  
**7462013142CC**

**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:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           KATSAMAKIS, BASIL  
Address        60 SUTTON PLACE SOUTH  
                  APT 4ES  
City-State-Zip: NEW YORK NY 10022

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

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

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

Title           DIRECTOR  
Name           FIGART, DEBORAH PH.D.  
Address        2001 HAMILTON STREET  
                  APT 808  
City-State-Zip: PHILADELPHIA PA 19130

Title           DIRECTOR  
Name           MCGRAW, KELLY  
Address        7219 BOUNTY DRIVE  
City-State-Zip: SARASOTA FL 34231

Title           DIRECTOR  
Name           LOPEZ, ROY  
Address        6258 VELASCO AVENUE  
City-State-Zip: DALLAS TX 75214

Title           DIRECTOR  
Name           LAWRENCE, WILLIAM  
Address        134 BRUSH HOLLOW CRESCENT  
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**

**COO**

**04/12/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name TIMKO, JOSEPH  
Address 108 EMILY ROAD  
City-State-Zip: FAR HILLS NJ 07931

Title DIRECTOR  
Name FREIMAN, STEPHEN  
Address 8212 INVERNESS HOLLOW TERRACE  
City-State-Zip: POTOMAC MD 20854

Title OFFICER  
Name GRAY, DIANE  
Address 200 U.S. HIGHWAY 9  
City-State-Zip: MANALAPAN NJ 07726