

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211524309

1.) CORPORATION NAME:

**Alliance Credit Counseling, Inc.**

DUE DATE: **10/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**JAMES C BRINCEFIELD JR  
4001 NORTH NINTH STREET, SUITE 227  
ARLINGTON, VA 22203**

SCC ID NO: **F1488016**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13777 BALLANTYNE CORPORATE PL  
#100

CITY/ST/ZIP: CHARLOTTE, NC 28277-3433

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KEVIN P PORTER	
TITLE:	PRESIDENT	
ADDRESS:	13777 BALLANTYNE CORP PL #100	
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28277-3433	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SCOTT HANNAY	
TITLE:	SECRETARY	
ADDRESS:	13777 BALLANTYNE CORP PL #100	
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28277-3433	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHARLES OLIPHANT	
TITLE:	DIRECTOR	
ADDRESS:	13777 BALLANTYNE CORP PL #100	
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28277-3433	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	J KEVIN TOOMB, PHD	
TITLE:	DIRECTOR	
ADDRESS:	10200 DAVID TAYLOR DRIVE	
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28277-2747	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DR. PAMELA R TURNER, PHD	
TITLE:	DIRECTOR	
ADDRESS:	120 BRECKENRIDGE LANE	
CITY/ST/ZIP/CO:	ATHENS, GA 30602-	

NAME: KERRY PORTER TITLE: TREASURER ADDRESS: 13777 BALLANTYNE CORP PL #100 CITY/ST/ZIP/CO: CHARLOTTE, NC 28277-3433	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: DOUGLASS COLBERT TITLE: DIRECTOR ADDRESS: 4002 BEAVERBROOK DR CITY/ST/ZIP/CO: INDIAN TRAIL, NC 28079-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TERRI DEBOO TITLE: DIRECTOR ADDRESS: 2417 MIRROW PL CITY/ST/ZIP/CO: CHARLOTTE, NC 28270-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: SANDRA FITZGERALD TITLE: DIRECTOR ADDRESS: 4425 RANDOLPH RD #400 CITY/ST/ZIP/CO: CHARLOTTE, NC 28211-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KEVIN P PORTER	KEVIN P PORTER, PRESIDENT	10/13/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.