

1.) CORPORATION NAME:

**Alliance Credit Counseling, Inc.**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F1488016**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**GLEN ALLEN, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 15720 John J. Delaney Drive  
Suite 575

CITY/ST/ZIP: CHARLOTTE, NC 28277

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.

NAME:	KEVIN P PORTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4335 Piper Glenn Drive		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28277		

NAME:	KERRY PORTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	11914 Southcrest Lane		
CITY/ST/ZIP/CO:	Pineville, NC 28134		

NAME:	SCOTT HANNAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	11416 Foggy Bank Lane		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28214		

NAME:	DOUGLASS COLBERT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4002 BEAVERBROOK DR		
CITY/ST/ZIP/CO:	INDIAN TRAIL, NC 28079		

NAME:	J Kevin Toomb	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15720 John J Delaney Drive Suite 575		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28277		

NAME: Pamela R Turner TITLE: DIRECTOR ADDRESS: 15720 John J Delaney Drive Suite 575 CITY/ST/ZIP/CO: CHARLOTTE, VA 28277	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Charles Oliphant TITLE: DIRECTOR ADDRESS: 15720 John J Delaney Drive Suite 575 CITY/ST/ZIP/CO: CHARLOTTE, VA 28277	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KEVIN P PORTER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	10/2/2013 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.		