

1.) CORPORATION NAME:

**CONSUMER CREDIT AND BUDGET COUNSELING, INC.**

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1512716**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**GLEN ALLEN, VA 23060-6802**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NJ**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 299 SOUTH SHORE ROAD

CITY/ST/ZIP: MARMORA, NJ 08223

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:	RUSSELL E GRAVES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	299 SOUTH SHORE RD		
CITY/ST/ZIP/CO:	MARMORA, NJ 08223		

NAME:	WALTER FILLMORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	42 POPULAR AVE		
CITY/ST/ZIP/CO:	EGG HARBOR TOWNSHIP, NJ 08234		

NAME:	LESLIE CLARKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 WEST ADAMS		
CITY/ST/ZIP/CO:	ABSECON, NJ 08244		

NAME:	ANDREW SCHIFFER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1310 5TH AVENUE		
CITY/ST/ZIP/CO:	MULLICA, NJ 08215		

NAME:	Ralph R Dyer	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	14104 58th Street North		
CITY/ST/ZIP/CO:	Clearwater, FL 33760		

NAME:	Judith R Sorensen	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	14104 58th Street North		
CITY/ST/ZIP/CO:	Clearwater, FL 33760		

NAME: George E Roe TITLE: COO ADDRESS: 14104 58th Street North CITY/ST/ZIP/CO: Clearwater, FL 33760	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Susan M Spaulding TITLE: DIRECTOR ADDRESS: 340 Tralee Street CITY/ST/ZIP/CO: Largo, FL 33771	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Ricky L Amstutz TITLE: DIRECTOR ADDRESS: 3409 Hyde Park Drive CITY/ST/ZIP/CO: Clearwater, FL 33761	<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/ Judith RSorensen	Judith RSorensen,	6/13/2012
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.		