

1.) CORPORATION NAME:

CONSUMER CREDIT AND BUDGET COUNSELING, INC.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS, INC.
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1512716**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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:	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:	RUSSELL E GRAVES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	299 SOUTH SHORE RD		
CITY/ST/ZIP/CO:	MARMORA, NJ 08223		
NAME:	GEORGE E ROE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	14104 58TH STREET NORTH		
CITY/ST/ZIP/CO:	CLEARWATER, FL 33760		
NAME:	CHARLES BENJAMIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	224 SUNSET DRIVE		
CITY/ST/ZIP/CO:	FORKED RIVER, NJ 08731		
NAME:	BRIAN BIENKOWSKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5927 MORNINGSIDE DRIVE		
CITY/ST/ZIP/CO:	LAKE WORTH, FL 33463		
NAME:	DANIEL STEWART	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	41 CORY DRIVE		
CITY/ST/ZIP/CO:	TOMS RIVER, NJ 08755		

NAME: JUDITH R SORENSEN TITLE: SECRETARY ADDRESS: 14104 58th Street North CITY/ST/ZIP/CO: Clearwater, FL 33760	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: RUSSELL E GRAVES TITLE: EXEC DIRECTOR ADDRESS: 299 SOUTH SHORE ROAD CITY/ST/ZIP/CO: MARMORA, NJ 08223	<input checked="" type="checkbox"/> OFFICER	<input 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/ GEORGE E ROE	GEORGE E ROE, PRESIDENT	5/20/2014
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.