

1.) CORPORATION NAME:

Consumer Credit Counseling Service of GreaterAtlanta, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

GA

DUE DATE: **8/31/2011**

SCC ID NO: **F1558933**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 270 PEACHTREE STREET, NW
STE 1800

CITY/ST/ZIP: ATLANTA, GA 30303-

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: GLENN T AUSTIN JR
TITLE: DIRECTOR
ADDRESS: 5640 ERROL PLACE NW
CITY/ST/ZIP/CO: ATLANTA, GA 30327-

OFFICER DIRECTOR

NAME: BOBBIE MCCRACKIN
TITLE: DIRECTOR
ADDRESS: 1000 PEACHTREE ST NE
10TH FLOOR
CITY/ST/ZIP/CO: ATLANTA, GA 30309-

OFFICER DIRECTOR

NAME: PHILIP NEAL BALDWIN
TITLE: PRESIDENT
ADDRESS: 270 PEACHTREE STREET, NW
SUITE 1800
CITY/ST/ZIP/CO: ATLANTA, GA 30303-

OFFICER DIRECTOR

NAME: MARK COLE
TITLE: SECRETARY
ADDRESS: 270 PEACHTREE STREET, NW
STE 1800
CITY/ST/ZIP/CO: ATLANTA, GA 30303-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID RUBINGER DIRECTOR 825 GLENGATE PLACE ATLANTA, GA 30328-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BELINDA STUBBLEFILED DIRECTOR 2785 VELTR TERRACE ATLANTA, GA 30311-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RALPH PERALES DIRECTOR 3 CORPORATE BLVD SUITE 250 ATLANTA, GA 30329-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY HOSKINS DIRECTOR 171 17TH STREET, NW GA4051 ATLANTA, GA 30303-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROB EISON DIRECTOR 2180 LAKE BLVD, NE ATLANTA, GA 30319-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ESTHER HAMMOND DIRECTOR 423 PAYTON COURT STOCKBRIDGE, GA 30281-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT BOHRER DIRECTOR 2455 PACES FERRY ROAD ATLANTA, GA 30339-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH BROWNING DIRECTOR 550 PHARR ROAD SUITE 530 ATLANTA, GA 30305-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN GREINER DIRECTOR 3625 CUMBERLAND BLVD SUITE 1500 ATLANTA, GA 30339-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOE GRIFFIN DIRECTOR 10 TENTH STREET SUITE 1400 ATLANTA, GA 30309-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC HARTZ DIRECTOR 3340 PEACHTREE RD, NE SUITE 1560 ATLANTA, GA 30326-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHY HILTON DIRECTOR 5 GLENLAKE PARKWAY, NE ATLANTA, GA 30328-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOREN KRANZ DIRECTOR 2859 PACES FERRY ROAD SUITE 900 ATLANTA, GA 30319-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENA LEWIS DIRECTOR 1414 KUHL AVENUE ORLANDO, FL 32806-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SANDRA MORELLI DIRECTOR 1230 PEACHTREE STREET, NE SUITE 3800 ATLANTA, GA 30309-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOE OESTERLING DIRECTOR 320 INTERSTATE NORTH PARKWAY SUITE 300 ATLANTA, GA 30339-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARITZA PICHON DIRECTOR 9855 HUNT CLUB WAY ALPHARETTA, GA 30022-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIERAN QUINN DIRECTOR 404 BRENTWOOD DRIVE ATLANTA, GA 30305-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TRACY RYAN TITLE: DIRECTOR ADDRESS: BANK OF AMERICA GA1-006-03-14 3RD FLOOR CITY/ST/ZIP/CO: ATLANTA, GA 30308-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

NAME: TONY SPINELLI TITLE: DIRECTOR ADDRESS: 1100 ABERNATHY ROAD BLDG 500 CITY/ST/ZIP/CO: ATLANTA, GA 30328-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

NAME: BOB EISENBEIS TITLE: DIRECTOR ADDRESS: 4421 RIVER BOTTOM DRIVE CITY/ST/ZIP/CO: NORCROSS, GA 30092-	<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.

<u>/s/ MARK COLE</u>	<u>MARK COLE, SECRETARY</u>	<u>6/30/2011</u>
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.