

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213529934

1.) CORPORATION NAME:

Consumer Credit Counseling Service of GreaterAtlanta, Inc.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1558933**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

GA

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:	PHILIP NEAL BALDWIN	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	PRESIDENT				
ADDRESS:	270 PEACHTREE STREET, NW				
CITY/ST/ZIP/CO:	SUITE 1800 ATLANTA, GA 30303				

NAME:	CAROLYN ALFORD	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	1180 PEACHTREE STREET, NE				
CITY/ST/ZIP/CO:	ATLANTA, GA 30309				

NAME:	GLENN T AUSTIN JR	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	5640 ERROL PLACE NW				
CITY/ST/ZIP/CO:	ATLANTA, GA 30327				

NAME:	SCOTT BOHRER	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	2455 PACES FERRY ROAD				
CITY/ST/ZIP/CO:	ATLANTA, GA 30339				

NAME:	KEITH BROWNING	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	3333 Piedmont Road Suite 800				
CITY/ST/ZIP/CO:	ATLANTA, GA 30305				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BOB EISENBEIS DIRECTOR 5337 97th St. Circle East Bradenton , FL 34211	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROB EISON DIRECTOR 1524 Windward Concourse Alpharetta, GA 30005	<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:	ESTHER HAMMOND DIRECTOR 3915 CASCADE ROAD ATLANTA, GA 30331	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHY HILTON DIRECTOR 55 GLENLAKE PARKWAY, NE ATLANTA, GA 30328	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY HOSKINS DIRECTOR 1062 Sheridan Park, NE ATLANTA, GA 30324	<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:	GREG MCBRIDE DIRECTOR 11760 US HWY ONE SUITE 200 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BOBBIE MCCRACKIN DIRECTOR 1000 PEACHTREE ST NE 10TH FLOOR ATLANTA, GA 30309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	SANDRA MORELLI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1230 PEACHTREE STREET, NE		
CITY/ST/ZIP/CO:	SUITE 3800 ATLANTA, GA 30309		
NAME:	RALPH PERALES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3 CORPORATE BLVD		
CITY/ST/ZIP/CO:	SUITE 250 ATLANTA, GA 30329		
NAME:	KIERAN QUINN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3455 PEACHTREE ROAD, NE		
CITY/ST/ZIP/CO:	SUITE 500 ATLANTA, GA 30326		
NAME:	DAVID RUBINGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	825 GLENGATE PLACE		
CITY/ST/ZIP/CO:	ATLANTA, GA 30328		
NAME:	TRACY RYAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3560 Dumbarton Road, NW		
CITY/ST/ZIP/CO:	ATLANTA, GA 30327		
NAME:	BELINDA STUBBLEFILED	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2785 VELTRE TERRACE		
CITY/ST/ZIP/CO:	ATLANTA, GA 30311		
NAME:	GREG WILLIAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3057 Akers Mill Road		
CITY/ST/ZIP/CO:	ATLANTA, GA 30339		
NAME:	Dorris Shelton Gulley	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	270 Peachtree Street, NW		
CITY/ST/ZIP/CO:	Suite 1800 Atlanta, GA 30303		
NAME:	Glianny Fagundo	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	229 Peachtree Street, NE		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Charles Zimmerman	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	600 Peachtree Street, NE		
CITY/ST/ZIP/CO:	Suite 2700 Atlanta, GA 30308		

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/ PHILIP NEAL BALDWIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PHILIP NEAL BALDWIN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/26/2013 DATE
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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.